Your Benefits, Your Way.

2026 Oakland County

Employee Benefits & Well-being Guide

UAW Members Only

OAKLAND COUNTY MICHIGAN
All ways, MOVING FORWARD

Dear Colleagues,

At Oakland County, our mission to serve the community starts with you, and we couldn't do it without your talent, dedication, and heart. You are truly our greatest asset!

We're excited to offer a benefits package that reflects how much we value your well-being. From health coverage to wellness programs and more, our goal is to support you, both at work and beyond.

With open enrollment just around the corner, now is the perfect time to explore your options. Our updated Benefits Guide is your go-to resource for everything you need to know. Take a few moments to look it over so you can choose the coverage that fits you or your family best.

Thank you for all that you do every day for Oakland County. We're proud to have you on our t

All the best,

Sunil Asija
Director, Human Resources
Oakland County

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Contact Information

MEDICAL • PRESCRIPTION	**Blue Cross/Blue Shield of MI** (877) 790-2583 bcbsm.com	**Blue Care Network** (877) 790-2583 bcbsm.com	**Optum** (800) 356-3477 optumrx.com
DENTAL • VISION **FLEXIBLE SPENDING ACCOUNTS** **HEALTH SAVINGS ACCOUNT**	**Dental** Delta Dental (800) 524-0149 deltadentalmi.com	**Vision** Heritage Vision Plans (800) 252-2053 heritagevisionplans.com	**Flexible Spending Accounts** **Health Savings Account** Health Equity (866) 346-5800 healthequity.com
LIFE INSURANCE/AD&D **FMLA/DISABILITY** **VOLUNTARY OPTIONS**	**Unum** (800) 445-0402 (Life Insurance/AD&D) (866) 868-6737 (FMLA/Disability) unum.com	**PetPartners** (866) 744-1113 petpartners.com	
EDUCATION BENEFITS	**Michigan Education Savings Program (MESP)** (877) 861-6377 misaves.com	**Savi Student Loan Debt Relief** (833) 382-3175 oakgov.bysavi.com	
EMPLOYMENT BENEFITS	**Empower** **401(a) & 457(b)** (833) 625-4681 empower.com/oaklandcounty	**WeightWatchers** (866) 204-2885 weightwatchers.com	**Optum (Employee Assistance Provider)** (866) 248-4096 liveandworkwell.com (code: Oakgov)	**Little Oaks On-site Childcare Center** (248) 858-2030 mylearningcare-group.com/oaklandcountymi

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Black Excellence and Empowerment

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The B.E.E. Employee Resource Group (ERG) is a voluntary, employee-led organization designed to foster a safe and inclusive space for Black employees and allies to connect, share experiences, and voice their needs across all levels of leadership.

MOSAIC

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Mosaic is dedicated to cultivating allyship by advocating for multicultural sensitivity, promoting inclusive practices, and providing networking and growth opportunities.

OakVet Voices

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Connecting Veterans, Amplifying Voices, and Building Bridges Across Oakland County.

Pride of OC

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The Pride of OC Employee Resource Group (ERG) is a voluntary, employee-led organization designed to foster a safe and inclusive space for LGBTQIA+ employees to connect, share experiences, and voice their needs across all levels of leadership.

SHINE

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We shine a light on the unique needs, challenges and abilities of all people by elevating the lived-experiences and voices of people with disabilities as we strive to destigmatize disability within the county and beyond.

Women4Women

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Where female identifying employees of Oakland County gather for networking, empowerment, and mentoring.

YOUNG PROFESSIONALS

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Creating an environment where young professionals are empowered to lead, forge, and grow in their personal and professional development.

Checklist

CHECKLIST FOR A SUCCESSFUL ENROLLMENT

EXPLORE

- Browse through detailed plan summaries and benefit options enclosed in this booklet and visit **OakGov.com/Benefits** for additional plan documentation.

ENGAGE

- We're here to help. Contact the Benefits Team at **benefits@oakgov.com**.
- Schedule 1:1 with a Benefits team member by visiting the scheduling link at **OakGov.com/Benefits.**

PREPARE

- If adding dependents to coverage, have Social Security numbers and required documentation (such as a marriage, birth certificate, verification of birth) available to upload into Workday.
- New hires must make enrollment elections **within 30 days** of the date of hire.

ENROLL

- In Workday, click on your Inbox at the top right corner or middle of the page.
- New Hire: Select On boarding to make elections.
  - Select "benefit event" to begin elections.
- Benefits are effective the 1st of the month following new hire date.

workday.

NEED HELP IN WORKDAY?

Refer to the Job Aid by visiting the benefits website at **OakGov.com/Benefits**

Important Information

If new hire elections are not made within 30 days of hire, employees will be enrolled in employee-only default coverage, shown here.

Every effort has been made to list information in this Guide accurately. In the event of a discrepancy, the collective bargaining agreement prevails.

Plan	Default Coverage
Medical	BCN HMO (employee only)
Dental	Standard Dental (employee only)
Vision	Standard Vision (employee only)

Dependent Eligibility

Spouse

Eligible: Legal spouse of an employee.

Not Eligible: Legally separated, life partners or divorced spouses. Legal judgments that require you to maintain health coverage for your ex-spouse are not allowed to remain on your coverage after the date of divorce or legal separation. You must obtain separate coverage for them.

Dependent Children

Children by birth or legal adoption may be covered through the end of the month that they turn 26. This is regardless of the child living at home, listed as a dependent on your taxes, or married.

Disabled Children: Coverage is available to children, age 26 and older, if legally considered permanently and totally disabled and meet the following criteria:

- The child became totally and permanently disabled prior to the age 19; AND
- They are incapable of self-sustaining employment; AND
- The employee provides more than half their support as defined by the IRS; AND
- Their disability has been certified by a physician and the health carrier is notified in writing by the end of the year in which the child turns age 26.

Legal Guardianship: Coverage is available to legal guardianship children, if they meet the following criteria:

- They are unmarried; AND
- Their legal residence is with you; AND
- You supply more than half their support as defined by the IRS; AND
- You provide up-to-date legal guardianship documentation. Coverage ends when the legal guardianship ends.

Stepchildren: Coverage is available to stepchildren, up to the end of the month of their 26th birthday as long as the marriage has not ended due to divorce, legal separation or death. Stepchildren are not allowed to remain on coverage after the event date.

WHO QUALIFIES AS A DEPENDENT CHILD?

- ✓ Biological child
- ✓ Legally adopted child
- ✓ Stepchildren
- ✓ Court-appointed child with legal guardianship
- ✓ A child you are required to maintain health coverage under a National Medical Support Order

Dependent Eligibility

DEPENDENT ELIGIBILITY REQUIRED DOCUMENTATION

To add a dependent, you must provide a Social Security Number and acceptable documentation in the English language to verify their eligibility.

Add a Dependent	Required Documentation
Child/legally adopted child	Birth certificate and verification of birth
Legal guardianship	Birth certificate and current legal guardianship papers
Spouse	Marriage certificate
Stepchild	Birth certificate and marriage certificate

IF YOU AND YOUR SPOUSE OR CHILD BOTH WORK AT OAKLAND COUNTY

- **Medical Coverage -** Only one county employee is allowed to elect coverage.
- **Dental and Vision -** Both county employees may elect coverage.
- **Voluntary Spouse/Dependent Life Insurance and AD&D** - Spouses and dependents are only eligible to be enrolled in one life and/or AD&D policy with Unum.
- **Pet Insurance -** Each eligible pet can only be covered under one plan.

Qualifying Life Events

SPECIAL ENROLLMENT PERIOD

Making a change to your benefit coverage is only available to employees during the annual Open Enrollment period in the fall. However, if you have a Qualifying Life Event (QLE), IRS Federal Regulations allow you to make a change to your benefits within 30 days of that event.

A change in your situation — getting married, having a baby, or losing health coverage — is considered a QLE and makes you eligible for a mid-year enrollment change, allowing you to change your benefit elections outside of Open Enrollment.

Employees have 30 days following a QLE to initiate a benefit change in Workday and provide verification of the event. Once the 30-day window has passed to initiate a QLE in Workday, the next opportunity to make benefit changes is during Open Enrollment.

A special enrollment period is available for individuals that lose Medicaid or CHIP coverage. Employees and/or qualified dependents have 60 days from the date of losing coverage to enroll in benefits.

This is also an opportunity to update your hybrid work schedule in Workday.

workday.

Need help with QLE in Workday?

Refer to the Enrollment Instructions by going to OakGov.com/Benefits

QUALIFYING LIFE EVENTS as defined by IRS FEDERAL REGULATIONS

- ✓ Marriage
- ✓ Divorce or legal separation
- ✓ Birth or adoption
- ✓ Loss/gain of other coverage
- ✓ Death of a spouse or dependent child
- ✓ Turning 26 years old

Medical

MEDICAL BENEFITS

Oakland County offers a variety of medical plans, including a High Deductible Health Plan (HDHP/PPO) with a Health Savings Account (HSA (if eligible)), two Preferred Provider Organization (PPO) plans, a Health Maintenance Organization (HMO) plan and a Traditional Plan. You will determine the best plan based on your and/or your family's healthcare needs. Although the plans cover similar medical services, they are different in important ways:

1. Provider networks (in- and out-of-network coverage).
2. The amount of money spent for services (deductible, copays, coinsurance, etc.).
3. The amount of money paid in payroll deductions.

MEDICAL PLAN CHOICES

- HDHP/PPO with HSA (if eligible) Blue Cross/Blue Shield of MI (BCBSM)
- PPO1 Blue Cross/Blue Shield of MI (BCBSM)
- PPO2 Blue Cross/Blue Shield of MI (BCBSM)
- HMO Blue Care Network (BCN)
- Traditional Plan Blue Cross/Blue Shield of MI (BCBSM) *(closed plan for current enrollees only)*
- No Coverage

HIGH DEDUCTIBLE HEALTH PLAN (HDHP/PPO)

Administered by Blue Cross/Blue Shield of MI (BCBSM)

The High Deductible Health Plan (HDHP/PPO) is designed so that you pay for the medical and prescription costs up to the annual deductible. Once the deductible has been met, most services are covered at 100%. The HDHP/PPO allows for lower biweekly premiums and the ability to enroll into an HSA (if eligible) to help pay for qualified expenses with pre-tax dollars. Similar to PPO plans, no referral is necessary to see specialists. Also, all preventive visits/services are covered 100% by the plan and are not subject to the deductible.

Medical

PPO PLANS

Administered by Blue Cross/Blue Shield of MI (BCBSM)

PPO plans allow you to pay a percentage of the cost of care. Once the plan-year (Jan. to Dec.) deductible is met, the plan begins to pay a majority share of the cost, and you're responsible for the remaining, smaller percentage. PPO plans allow you to go to any physician (in-network or out of network) at any given time without having to obtain a referral from your primary physician.

Coinsurance is the percent you pay for services not covered at 100%. Once the coinsurance maximum has been reached, the plan will pay 100% of eligible in-network expenses for the rest of the calendar year. However, any copays applicable to certain medical services may apply.

NOTE: Reference the medical plan comparison chart for plan details on deductibles, coinsurance, and covered services.

HMO PLAN

Administered by Blue Care Network (BCN)

The Blue Care Network (BCN) HMO plan is a Health Maintenance Organization (HMO) plan. This plan has no deductible and requires a copay for certain services. You will need to receive most or all of your health care from a "in-network" provider. HMOs require that you select a primary care physician (PCP) at enrollment who provides routine care and coordinates specialty care. BCN also offers online tools and resources at **bcbsm.com** to manage your health care and wellness goals wherever you are.

What You Should Know

- When you choose a PCP you're also choosing your network of doctors for any specialty care you may need.
- Emergency coverage is worldwide.
- There is no PCP or specialty coverage for out-of-network benefits.

TRADITIONAL PLAN

Administered by Blue Cross/Blue Shield of MI (BCBSM)

No new enrollments are allowed in the Traditional plan. Once an employee leaves the Traditional plan, it can't be elected again until retirement.

NOTE: Reference the medical plan comparison chart for plan details on deductibles, coinsurance, and covered services.

Medical

PREVENTIVE CARE BENEFITS

All medical plans will pay 100% of usual, customary, and reasonable fees for (in-network) recommended preventive care services, including:

- Routine adult preventive visit – one per calendar year
- Immunizations
- Routine GYN exam including pap smear – one per calendar year
- Mammography screening (in accordance with guidelines from American Cancer Society)
- Prostate and colorectal screenings
- Well child care and immunizations
- Routine prenatal maternity services
- And more!

Key Items to Remember:

- Items that may occur during a preventive visit include immunizations, blood pressure and cholesterol measurement, diabetes screening, or counseling on healthy weight.
- Diagnostic care to identify potential health risks are covered according to plan benefits, even if recommended or done during a preventive care visit.
- If your physician finds a specific health risk or new medical condition during your appointment, your doctor may bill those services as diagnostic medicine. These types of diagnostic services may result in out-of-pocket costs for you (i.e., deductibles, coinsurance, or copays) because they are no longer considered preventive care.
- If you use an out-of-network provider, you will be responsible for any additional charges, including balance billing.

PREVENTIVE CARE COVERAGE

Many preventive care services and tests are covered at 100%.

You can verify covered services by contacting your carrier's customer service line:

BCBS: (877) 790-2583

BCN: (877) 790-2583

Medical

FIND A PROVIDER

Visiting in-network providers typically means lower costs for you, as these providers agree to negotiated, discounted rates with the plan. You can receive care from a non-participating provider; however, your out-of-pocket cost will be higher.

HDHP/PPO, PPO1, PPO2, HMO, TRADITIONAL Blue Cross/Blue Shield of MI (BCBSM) & Blue Care Network (BCN)
To find in-network providers, visit **BCBSM.com** and click on “Find Care”. For additional provider search instructions, contact BCBSM at (877) 790-2583.

COMPARING MEDICAL PLAN OPTIONS

All options provide benefit coverage for preventive, routine, and emergency medical treatments and services. The chart on the following pages helps you compare the features and in-network benefits of the different plans, and choose which one is best for you.

Medical

MEDICAL PLAN OPTIONS COMPARISON

UAW Members Only

	AVAILABLE TO ALL EMPLOYEES Information listed may differ based on union agreement				ONLY AVAILABLE TO EMPLOYEES WHO ARE CURRENTLY ENROLLED
In-Network Benefits Shown	**HDHP/PPO**	**PPO1**	**PPO2**	**HMO**	**TRADITIONAL**
	Blue Cross/Blue Shield of MI (BCBSM)	Blue Cross/Blue Shield of MI (BCBSM)	Blue Cross/Blue Shield of MI (BCBSM)	Blue Care Network (BCN)	Blue Cross/Blue Shield Traditional Plan (BCBSM)
Plan Website	**BCBSM.com**				
Bi-Weekly Contributions	Emp Only **$15** Emp + Child **$20** Emp + Children **$35** Emp + Spouse **$50** Emp + Spouse + Child(ren) **$60**	Emp Only **$52** Emp + Child **$85** Emp + Children **$95** Emp + Spouse **$110** Emp + Spouse + Child(ren) **$120**	Emp Only **$57** Emp + Child **$85** Emp + Children **$105** Emp + Spouse **$95** Emp + Spouse + Child(ren) **$115**	Emp Only **$36** Emp + Child **$55** Emp + Children **$65** Emp + Spouse **$80** Emp + Spouse + Child(ren) **$90**	Emp Only **$72** Emp + Child **$109** Emp + Children **$114** Emp + Spouse **$134** Emp + Spouse + Child(ren) **$139**
No Coverage Option	Employee Only Opt Out: $50 Biweekly Paycheck Credit Employee + Child Opt Out: $100 Biweekly Paycheck Credit Employee + Children Opt Out: $150 Biweekly Paycheck Credit Employee + Spouse Opt Out: $100 Biweekly Paycheck Credit Employee + Spouse + Child(ren) Opt Out: $150 Biweekly Paycheck Credit Spouse elects other coverage (Spousal waiver): $50 Biweekly Paycheck Credit				
	If the employee opting out of medical coverage is enrolled in an Oakland County medical plan by their spouse or parent, the opt out credit is $25 for all coverage levels.				
Network(s)	Blue Cross/Blue Shield	Blue Cross/Blue Shield	Blue Cross/Blue Shield	Blue Care Network	Blue Cross/Blue Shield
Deductible(s)	$1,700 per person / $3,400 per family per calendar year **current 2026 IRS minimum*	$0 per person / $0 per family *$200/$400 deductible only applies to durable medical equipment, ambulatory services, and private duty nursing care	$100 per person / $200 per family per calendar year	No deductible	$200 per person / $400 per family per calendar year
Health Savings Account (HSA) Front-loaded County Contribution	Up to $1,000 single/ $2,000 family	Not eligible	Not eligible	Not eligible	Not eligible
Coinsurance	None for most services; 50% for private duty nursing care	None for most services; 10% after deductible for durable medical equipment, ambulatory services, and private duty nursing care	10% after deductible, as noted; 50% after deductible for private duty nursing care	None	10% after deductible for most services; 25% after deductible for private duty nursing care
Coinsurance Maximum	N/A	$1,000 per person/per family per calendar year	$500 per person / $1,000 per family per calendar year	N/A	$1,000 per person / per family per calendar year
Annual Out-of-Pocket Maximum	$4,125 per person / $10,250 per family per calendar year	$4,125 per person / $10,250 per family per calendar year	$4,125 per person / $10,250 per family per calendar year	$6,600 per person / $13,200 per family per calendar year	$4,125 per person / $10,250 per family per calendar year

Medical

In-Network Benefits	HDHP/PPO	PPO1	PPO2	HMO	TRADITIONAL
PREVENTIVE CARE					
Annual Physical Exam, Well Baby Exam	100%				
Related Laboratory & Radiology Services	100%				
Annual Gynecological Exam, Pap Smear, Mammogram, Colonoscopy	100%				
Immunization (adult & childcare)	100%				
PHYSICIAN/PROFESSIONAL PROVIDER SERVICES					
Primary Care Physician (PCP) Office Visit	100% after deductible	$20 copay	$20 copay	$20 copay	90% after deductible
Specialty Provider Office Visit	100% after deductible	$20 copay	$20 copay	$20 copay *PCP referral may be required*	90% after deductible
Telehealth Visit	100%	100%	$20 copay	$20 copay *Must be provided through contracted telehealth services provider*	90% after deductible
Blue Cross/Blue Shield of MI (BCBSM) Online Visits	100%	100%	$20 copay	$20 copay	90% after deductible
EMERGENCY / URGENT CARE SERVICES					
Urgent Care	100% after deductible	$20 copay	$20 copay	$20 copay	100%
Emergency Room Visits	100% after deductible	$100 copay *Copay will be waived if admitted*	$100 copay *Copay will be waived if admitted*	$100 copay *Copay will be waived if admitted*	$100 copay *Copay will be waived if admitted*
Ambulance Service for Medical Emergencies	100% after deductible	90% after deductible	90% after deductible	100%	90% after deductible

Medical

In-Network Benefits	HDHP/PPO	PPO1	PPO2	HMO	TRADITIONAL
DIAGNOSTIC SERVICES					
Laboratory & Pathology	100% after deductible	100%	90% after deductible	100% *Some services require pre-authorization*	90% (no deductible)
Diagnostic Tests (X-rays, blood work)	100% after deductible	100%	90% after deductible	100% *Some services require pre-authorization*	90% (no deductible)
Imaging (CT/PET scans, MRIs)	100% after deductible	100%	90% after deductible	100% *Some services require pre-authorization*	90% (no deductible)
Radiation Therapy & Chemotherapy	100% after deductible	100%	90% after deductible	100% *Some services require pre-authorization*	100%
INPATIENT HOSPITAL SERVICES					
General Conditions, Surgical Services, Semi-Private Room, Drugs, Intensive Care Unit, Hospital Equipment, Nursing Care, Meals	100% after deductible *Nonemergency services must be rendered in a participating hospital*	100% *Nonemergency services must be rendered in a participating hospital*	90% after deductible *Nonemergency services must be rendered in a participating hospital*	100% *Bariatric surgery & related services: $1,000 copay*	100% *Nonemergency services must be rendered in a participating hospital*
OUTPATIENT HOSPITAL SERVICES					
Outpatient Surgery	100% after deductible	100%	90% after deductible	100%	100%
Ambulatory Surgical Center	100% after deductible	100%	90% after deductible	100%	100%
Professional Surgical and Related Services	100% after deductible	100%	90% after deductible	100%	100%

Medical

In-Network Benefits	HDHP/PPO	PPO1	PPO2	HMO	TRADITIONAL
FAMILY PLANNING SERVICES					
Physician Services (delivery & inpatient)	100% after deductible	100%	90% after deductible	100%	100%
Hospital Care	100% after deductible	100%	90% after deductible	100%	100%
Routine Pre- & Post-Natal Care	100%	100%	100%	100% pre-natal visits $20 copay post-natal visits	100% for some pre-natal visits; otherwise, 90% after deductible
Assisted Reproductive Treatment	Not Covered	Not Covered	Not Covered	100% *$25,000 maximum benefit per lifetime*	Not Covered
Maven (maternity & post-partum support, adoption assistance, etc.)	100%	100%	100%	100%	100%
Female Voluntary Sterilization and FDA-Approved Contraceptive Methods	100%	100%	100%	100%	100%
Male Voluntary Sterilization	100% after deductible	100%	90% after deductible	100%	Not Covered
BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH & SUBSTANCE ABUSE DISORDER)					
Inpatient Services	100% after deductible	100%	90% after deductible *Covered according to plan guidelines*	100%	100%
Outpatient Services	100% after deductible	100% after $20 copay	90% after deductible Office visit $20 copay	$20 copay	100% in approved facilities only
Telemedicine Services	100% after deductible	100%	$20 copay	$20 copay	100%
AUTISM SPECTRUM DISORDERS; DIAGNOSES AND TREATMENT					
Applied Behavioral Analysis (ABA services must be obtained by an approved autism evaluation center [AAEC])	100% after deductible	100%	90% after deductible	$20 copay	100%
Physical, Occupational, and Speech Therapy	100% after deductible	100%	90% after deductible	100%	100%
Nutritional Counseling	100% after deductible	100%	90% after deductible	$20 copay	100%

Medical

In-Network Benefits	HDHP/PPO	PPO1	PPO2	HMO	TRADITIONAL
HABILITATION SERVICES					
Outpatient Physical, Occupational and Speech Therapy	100% after deductible with approved ABA treatment	100% with approved ABA treatment	90% after deductible with approved ABA treatment	100% with approved ABA treatment	90% after deductible with approved ABA treatment
REHABILITATION SERVICES					
Outpatient Physical, Occupational and Speech Therapy	100% after deductible *Limited to 180 visits per member per calendar year.*	100%	90% after deductible *Limited to 180 combined visits per calendar year.*	$20 copay *Up to 60 combined visits per benefit period.*	100% *Up to 60 combined or consecutive therapy visits per calendar year; 61or more visits covered 90% after deductible.*
Chiropractic Spinal Manipulation	100% after deductible *Limited to 24 visits per calendar year.*	$20 copay *Limited to 38 visits per calendar year.*	$20 copay *Limited to 24 visits per calendar year.*	$20 copay *Limited 30 visits per calendar year (when referred).*	90% after deductible *Limited to 38 visits per calendar year.*
ALTERNATIVES TO HOSPITAL CARE					
Home Health Care Visits	100% after deductible *Must be provided by a participating home health care agency*	100%	90% after deductible *Must be provided by a participating home health care agency.*	100% unlimited *Does not include rehabilitation services.*	100% *Must be provided by a participating home health care agency.*
Hospice Care	100% after deductible *Four 90-day periods. Must be provided through a participating hospice program.*	100% *Four 90-day periods. Must be provided through a participating hospice program.*	100% *Four 90-day periods. Must be provided through a participating hospice program.*	100%	100% *Four 90-day periods. Must be provided through a participating hospice program.*
Skilled Nursing Care	100% after deductible *Limited to a maximum of 90 days per member per calendar year.*	100%	90% after deductible *Limited to a maximum of 120 days*	100% *Covered for authorized services, up to 730 days.*	100% *Must be in a participating skilled nursing facility*
Private Duty Nursing	50% after deductible	90% after deductible	50% after deductible	Not Covered	75% after deductible
Outpatient Infusion Therapy	100% after deductible *Must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center.*	100% *Must be given at a plan-approved site of service.*	90% after deductible *Must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center.*	100% *Administration or infusion can take place in a physician's office, at home or in an outpatient setting.*	100% *Must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center.*

Medical

In-Network Benefits	HDHP/PPO	PPO1	PPO2	HMO	TRADITIONAL
HUMAN ORGAN TRANSPLANTS					
Specified Human Organ Transplants	100% after deductible *in an approved, designated facility and coordinated through the BCBSM Human Organ Transplant Program*	100%	100% *Covered according to plan guidelines*	100% *Covered according to plan guidelines*	100% *In approved facilities*
OTHER COVERED SERVICES					
Allergy Testing	100% after deductible	100%	100%	$20 copay	90% after deductible
Allergy Treatment & Injections	100% after deductible	100%	100%	$20 copay	90% after deductible
Durable Medical Equipment, Prosthetic & Orthotics	100% after deductible	90% after deductible	90% after deductible	100% covered *for approved equipment only*	90% after deductible
Gender Affirming Care	Blue Cross/Blue Shield of MI (BCBSM) and Blue Care Network (BCN) health plans generally cover medically necessary gender-affirming services for members with gender dysphoria. This includes hormone therapy and gender reassignment surgery. These services are subject to applicable member cost share: www.bcbsm.com/amslibs/content/dam/public/mpr/mprsearch/pdf/2065126.pdf				
Hearing Care*	Hearing aids and services covered once every 36 months up to $3,000.			Hearing aids and services covered once every 36 months up to $6,000.	Hearing aids and services covered once every 36 months up to $3,000.
Chronic Condition Management through Teladoc	100%				

**Before you receive your hearing aid, you must have a medical examination of the ear performed by a participating board-certified or board- eligible otologist, otolaryngologist or otorhinolaryngologist.*

Medical

In-Network Benefits	HDHP/PPO	PPO1	PPO2	HMO	TRADITIONAL
PROGRAM PROVISIONS					
Out-of-Network Services	In general, Plan pays 80% or approved amount after applicable deductible. For private duty nursing, Plan pays 50% of approved amount after deductible.	In general, Plan pays 85% of approved amount less applicable copays. For diabetic supplies, durable medical equipment, prosthetic and orthotic devices, private duty nursing, Plan pays 75% of approved amount after deductible (if applicable).	Plan pays 70% of approved amount, after out-of-network deductible less applicable copays. For private duty nursing, Plan pays 50% of approved amount after deductible.	Not covered except for emergencies	This plan does not use a provider network. You can receive covered services from any provider.
Payment of Covered Services	**Preferred (Network) Hospitals:** 100% of covered benefits, after deductible **Non-Network Hospitals:** 80% of approved payment amount after out-of-network deductible **Preferred (Network) Physicians:** 100% after in-network deductible **Non-Network Physicians:** 80% of approved payment amount after out-of-network deductible	**Preferred (Network) Hospitals:** 100% of covered benefits **Non-Network Hospitals:** 85% of approved payment amount after deductible **Preferred (Network) Physicians - Outpatient:** 100% after $20 copay **Non-Network Physicians - Outpatient:** 85% of approved payment amount after $20 copay	**Preferred (Network) Hospitals:** 90% of covered benefits, after deductible **Non-Network Hospitals:** 70% of approved payment amount after out-of-network deductible **Preferred (Network) Physicians:** 100% after $20 copay **Non-Network Physicians:** 70% of approved payment amount after out-of-network deductible and $20 copay	Copays as noted	**Participating Hospitals:** 100% of covered benefits **Non-participating Hospitals:** Inpatient care in acute-care hospital - $70 a day; Inpatient care in other hospitals -$15 a day **Medicare Surgical:** 100% of BCBSM's approved amount

**While every attempt has been made to ensure the accuracy of this Summary, in the event of any discrepancy the Summary of Benefits Coverage (SBC) and the Benefits at a Glance (BAAG) will prevail.*

Prescription

PRESCRIPTION DRUGS *All Oakland County medical plan enrollees and their eligible dependents will automatically receive prescription drug coverage.*					
Prescription Carrier Website	**Optumrx.com**				
In-Network Benefits	**HDHP/PPO**	**PPO1**	**PPO2**	**HMO**	**TRADITIONAL**
Participating / Network Pharmacies	**Covered / Copays (after deductible):** ▪ **Tier 1**: Generic medications ▪ **Tier 2**: Preferred brand medications ▪ **Tier 3**: Non-preferred brand medication ▪ Select birth control pills covered $0 copay *Please note that your copay is associated with the tier listed on the formulary.*	**Covered / Copays:** ▪ **Tier 1:** Generic medications ▪ **Tier 2:** Preferred brand medications ▪ **Tier 3:** Non-preferred brand medications ▪ Select birth control pills covered $0 copay *Please note that your copay is associated with the tier listed on the formulary.*			
90 Day Supply	90 day supplies of maintenance medications are available through your pharmacy with one copay (applies to mail order).				
Non-Participating / Non-Network Pharmacies	Paid at the in-network cost, less $10, $30 or $50 copay after deductible	Paid at the in-network cost, less $10, $30 or $50 copay		Not covered	Paid at in-network cost, less $10, $30, $50 copay
Annual Out-of-Pocket Maximum	$3,775 per person / $5,550 per family per calendar year	$3,775 per person / $5,550 per family per calendar year		Included in Medical Out-of-Pocket Maximum	$3,775 per person / $5,550 per family per calendar year
Generic Requirement	Generic medications meet the same standards of safety, purity, strength, and effectiveness as the brand-name drug. For this reason, if the patient requests a brand-name medication when a generic equivalent is available, you will be responsible for the Tier 3 copay plus the difference in price between the brand-name medication and its generic equivalent. If your doctor makes the request, you will be responsible for the associated tier copay.				
While in hospital	*NOTE: While in the hospital, drugs are covered under your medical plan.*				

Prescription

When you enroll for medical coverage, you and your covered family members also receive prescription drug benefits. The cost of your prescription depends on whether:

- Your drug is on the formulary (i.e., approved drug list)
- Your prescription is a generic drug or brand-name drug
- You met the annual out-of-pocket maximum

Understanding the types of medications

Formulary	Maintenance Medication	Prior Authorization/ Step Therapy
▪ Preferred drug list established by a clinical committee of BCBSM physicians and pharmacists. ▪ Formularies are evaluated based on effectiveness, side effects, drug interactions and cost. ▪ On-going evaluation of the formulary occurs to ensure inclusion of new drugs, new clinical restrictions, approval for generic options and more. ▪ The formulary can be found at **bcbsm.com/customdruglist**.	▪ Examples include medication for high blood pressure or high cholesterol. ▪ Talk to your physician about issuing a three-month supply of medication through your local pharmacy with one copayment.	▪ Certain medications require prior authorization and/ or step therapy. This process is initiated by the prescribing physician. ▪ BCBSM will review the prior authorization/step therapy request once all required information has been received. ▪ All medications that require prior authorization or step therapy will be marked with "PA" or "ST" on the formulary. ▪ Prior authorizations and step therapies must be renewed annually.

Three-tier prescription drug program

The county offers a three-tier prescription drug program. Under the three-tier program, the amount of the in-network copay varies as shown below:

Drug Tier	Copay	Description
Tier 1	$10	**Generic:** includes generic non-specialty drugs and select specialty drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.
Tier 2	$30	**Preferred Brand:** includes preferred brand name drugs. These drugs are more expensive than generics, and members pay more for them.
Tier 3	$50	**Non-preferred Brand:** includes brand name drugs for which there are either generic alternatives or more cost-effective, preferred brand name drugs available. Members pay more for these non-preferred brand name drugs.

Prescription Administrators & Partners (BCBSM & BCN Plans)

Your prescriptions are administered through Optum Rx; however, you will utilize your BCBSM medical ID card at the point of service for prescriptions. Optum Rx is partnered with Pillar Rx for a High-Cost Drug Discount Program and partnered with Sempre Health on specified chronic condition medications. You will receive correspondence from these partners if you're utilizing a particular drug within these programs.

Maven & Teladoc

Maven and Teladoc Health are free support tools available to all individuals enrolled in an Oakland County Medical Plan.

MAVEN

Maven is a family building & women's health solution supporting all paths to parenthood and continued care with digital-first human care.

Family Building Support Solution

- Preconception care
- Egg freezing
- IUI & IVF
- Adoption & surrogacy

Maternity Support Solution

- Prenatal and postnatal care
- NICU support
- High-risk pregnancy care management
- Postpartum & return to work support
- Loss

Menopause & Ongoing Care

- Early intervention
- Symptom management
- Mental health

For a personalized experience, Maven will match a dedicated Care Advocate that will support members through their unique journey.

Maven specializes in helping to achieve equitable care for all, including LGBTQIA+ and racially and ethnically diverse experiences.

TELADOC HEALTH

Teladoc Health is a virtual condition management tool to help control and minimize the risk of chronic conditions.

There are four condition management solutions:

Diabetes Management

- Members will receive cellularly-enabled glucometers that provide the member and the care team with readings real-time, along with lancets, personalized coaching, and educational content.

Hypertension Management

- Members will receive a cloud connected blood pressure monitor to share live results with the member and the care team, along with personalized educational content, and reinforcement of healthy behaviors.

Diabetes Prevention

- Members will receive a cellularly-connected scale, personalized type 2 diabetes prevention curriculum, and health challenges.

Weight Management

- Members will receive an advanced smart scale and app to track weight, activity, and food, along with personalized tools and tips based on goals.

Visit **hr.OakGov.com/Benefits** for additional information.

Dental

DENTAL COVERAGE THROUGH DELTA DENTAL OF MICHIGAN - PPO

Plans listed below are designed to promote regular dental visits and good oral health, a key part of your overall wellness. Delta Dental coverage is available to you and your dependents up to the age 26. The plan pays benefits up to the annual maximum. The level of dental coverage you choose will determine how fast you reach your annual maximum benefit.

Your dental election is separate from your medical plan election, meaning you can elect dental coverage even if you waive medical coverage. Your covered dependents will be enrolled in the same coverage you enroll in.

DENTAL PLAN OPTIONS COMPARISON
UAW Members Only

Service	Standard Plan	High Plan
COVERAGE Bi-Weekly Contributions	Emp Only **$0** Emp + Child **$0** Emp + Children **$0** Emp + Spouse **$0** Emp + Spouse + Child(ren) **$0**	Emp Only **$1.15** Emp + Child **$1.73** Emp + Children **$5.00** Emp + Spouse **$1.73** Emp + Spouse + Child(ren) **$5.00**
NO COVERAGE Opt-Out Bi-Weekly Paycheck Credit	**No Coverage Credit** Emp Only **$1.93** Emp + Child or Emp + Spouse **$3.85** Emp + Children or Emp + Spouse + Child(ren) **$5.77**	
	County Spouse/Parent Coverage $1.93 for all coverage tiers	
Deductible		
Employee Only	$25	
Employee + Spouse or Child Employee + Children, or Employee + Spouse + Child(ren)	$50	
Plan Coverage		
DIAGNOSTIC & PREVENTIVE Two routine exams, cleanings, and fluoride treatments (up to age 19) per year.	Covered at 100%; No copay or deductible	
BASIC Fillings, extractions, dental surgery, crowns, root canals, treatment for gum disease. Bitewing X-rays are payable twice per calendar year and Full mouth X-rays or Panorex are payable once in any three-year period.	Covered at 85%	

Information listed may differ based on union agreement.

Dental

Service	Standard Plan	High Plan
MAJOR Bridges, implants, crowned over implants and dentures are payable once per tooth in any five-year period.	Covered at 50%	
Orthodontia	Covered at 50% Up to age 19	
Orthodontia Limit	$1,000 per individual per lifetime	
Maximum Benefit (does not include diagnostic and preventive services)	$1,000 per individual per calendar year	$1,500 per individual per calendar year

Information listed may differ based on union agreement.

DELTA DENTAL PPO Providers — a network of providers who agree to charge you fees for services that are lower than their usual rates. These fees are the lowest when you visit a PPO network.

DELTA PREMIER Providers — a network of providers who agree to charge you fees for services that are lower than their usual rates. These fees are not as low as the PPO network, but lower than a non-participating provider.

NON-PARTICIPATING Providers — these providers have no contracts with Delta Dental and can bill up to the full amount of their rates. Delta Dental will pay a pre-determined amount that may be lower than the providers full rates.

For additional information, refer to the Delta Dental Certificates and Benefit Summaries found at **OakGov.com/Benefits** under Health Benefit Plans.

FIND PPO DENTAL PROVIDERS

To find dental providers covered by your plan, visit **deltadentalmi.com** and click “Find a Dentist”.

Vision

VISION COVERAGE THROUGH HERITAGE VISION PLANS

To help you see your best, Oakland County offers vision coverage through Heritage Vision Plans. Heritage Vision Plans coverage is available to you and your dependents up to the age 26. Services provided by a non-network provider will require you to pay for those services in full and submit a claim form to Heritage Vision Plans for reimbursement. Treatment of a medical condition affecting your eyes, such as glaucoma or pink eye, is processed through your medical coverage.

	Standard Plan	High Plan	Premier Plan
Bi-Weekly Contributions	Emp Only **$0** Emp + Child **$0** Emp + Children **$0** Emp + Spouse **$0** Emp + Spouse + Child(ren) **$0**	Emp Only **$1.35** Emp + Child **$2.88** Emp + Children **$3.85** Emp + Spouse **$2.88** Emp + Spouse + Child(ren) **$3.85**	Emp Only **$4.24** Emp + Child **$8.48** Emp + Children **$14.08** Emp + Spouse **$8.48** Emp + Spouse + Child(ren) **$14.08**
Plan Coverage In-Network			
Examination (annually)	100% after $5 copay	100% after $5 copay	100% after $5 copay
Lenses and Frames *(Standard Glass or Plastic Lenses)*			
Single, bifocal, trifocal, and lenticular	Covered 100% after $7.50 copay every 24 months	Covered 100% after $7.50 copay every 12 months	
Polycarbonates (all ages)	Covered 100%		
Progressive Lenses	$50 copay (Standard Lenses) $100 copay (Premium Lenses)		100% Covered for Standard and Premium Lenses
Frame Retail Allowance	Up to $100 and 20% discount off frame balance every 24 months	Up to $130 and 20% discount off frame balance every 12 months	Up to $175 and 20% discount off frame balance every 12 months
Contact Lenses *(In lieu of Lenses and Frames)*			
Elective Contact Lenses	Up to $50 retail every 24 months	Up to $100 retail every 12 months	Up to $150 retail every 12 months
Additional Benefits			
Lasik	Not Covered	Not Covered	$600 per eye/per lifetime
Second pair of glasses or contacts			Subject to copay

Additional information is located at **OakGov.com/Benefits** under Health Benefit Plans.

FIND A HERITAGE VISION CARE PROVIDER
Visit **heritagevisionplans.com** and click on “Find a Provider” tab and select the national network and add in your zip code.

Health Savings Account

WHAT IS AN HSA?

A **Health Savings Account** (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical, dental, vision, and prescription expenses.

- County will contribute $1,000 for single coverage / $2,000 for family coverage to your HSA account (prorated if hired within the year). *Amount varies by bargaining unit.*
- **ALL** of your HSA money can be rolled over from year to year (including into retirement).
- Depending on your tax rate and filling status, you can save an average of 30% a year on taxes when contributing to an HSA. You can visit Health Equity's tax calculator to calculate your potential savings.
- This type of savings account can **ONLY** be used with the High Deductible Health Plan (HDHP/PPO).
- If hired on or before the start of year, the HSA is 100% front-loaded. If hired after January 1st, the HSA is front-loaded based on remaining months.

EMPLOYER CONTRIBUTIONS

100% front-loaded
$1,000 single coverage
$2,000 family coverage

Amount varies by bargaining unit, prorated if hired throughout the year

IMPORTANT INFORMATION

- You can not have **ANY** money left over/carried over from your Health Care FSA if you participate in the HDHP/PPO with the HSA.
  - > You will need to either use it or forfeit the remaining balance by the end of the calendar year.
- You **cannot** enroll in a HSA if any of the following apply:
  - > You are enrolled in other healthcare coverage beyond the HDHP/PPO (including Medicare).
  - > You are claimed as a dependent on someone else's tax returns.
  - > You have received Veteran's Administration health benefits within the last three months (except for preventative care).
- You are able to start/stop or change elections at anytime of the year to best fit your financial needs.
- IRS regulates the qualifying expenses, limits, and dependents.
- You should consult a tax consultant, attorney, and/or accountant if you have any questions regarding your specific tax situation.
- Per IRS guidelines, you must keep the receipts for any eligible expense for which you receive reimbursement.
- If you are enrolling in Medicare upon separating from Oakland County employment, Medicare will backdate enrolling in Part A by six months or to your 65th birthday if less than six months has passed since turning age 65. Any contributions made to an HSA during the backdate will be disqualified and taxes will apply. Medicare advises applicants over age 65 cease contributions up to six months prior to applying for Medicare.

Health Savings Account / Flexible Spending Accounts

STEP 1 • ESTIMATE YOUR NEEDS

- Estimate your out-of-pocket healthcare expenses for the year and/or coming years.
- Think beyond the doctor's office, review thousands of eligible medical expenses and discover all the ways to spend your HSA or FSA by visiting **healthequity.com**.
- Funds can be applied to dental and vision appointments & equipment as well.

STEP 2 • ENROLL

- Enroll during your new hire or open enrollment benefit period. This amount is broken up into equal deductions from your paycheck using pre-tax earnings for the remaining pays of the plan year.
- **HEALTH CARE HSA**
  - > Single Coverage: Contribute between $100 and $4,400 for the 2026 plan year.
  - > Family Coverage: Contribute between $100 and $8,750 for the 2026 plan year.
  - > **All** unused funds will roll over year after year.
  - > Oakland County will also contribute up to $1,000 for single coverage and $2,000 for family coverage. This applies to the maximum contribution limits. 100% will be front-loaded at the beginning of the plan year on a prorated basis *(amount varies by bargaining unit)*.
- **HEALTH CARE FSA**
  - > Contribute between $100 and $3,300 for the 2026 plan year. Between $25 and $660 of unused funds can be carried over to the next plan year.
- **DEPENDENT CARE FSA**
  - > Contribute between $100 and $7,500 for the 2026 plan year. Dependent Care FSA funds not used by December 31st will be forfeited.

STEP 3 • USE/MANAGE YOUR HSA/FSA

- 2026 eligible expenses must be incurred by Dec. 31, 2026. All 2026 claims must be submitted by Apr. 30, 2027.
- **HSA**
  - > Funds are available as contributions are made through your payroll deductions. ***100% rollover of unused funds to the next year.***
  - > Funds can be invested like a 401(k).
  - > Employer contributions will be available for use as of the first pay period of the calendar year or the first pay period of the month in which you are benefit eligible. Funds deposited will be available for use on a Visa debit card.
- **HEALTH CARE FSA**
  - > Your entire contribution amount is available on the 1st of the month when your benefits become effective. The full amount of your election is front-loaded for use on a Visa debit card.
- **DEPENDENT CARE FSA**
  - > Funds are available as contributions are made through your payroll deductions.
  - > No card will be issued for the dependent care FSA. You pay for your childcare expenses up front, then submit for reimbursement from your dependent care FSA.

Flexible Spending Accounts

Health Care Flexible Spending Account (FSA) plans allow you to use pretax dollars to pay for qualified expenses in the 2026 plan year for you and your qualified dependents. Health Care Flexible Spending Accounts (FSAs) can only be used in partner with the PPO plans, the HMO, the Traditional plan, and No Coverage. Health Care FSAs cannot be used with the High Deductible Health Plan (HDHP/PPO).

Depending on your tax rate and filing status, you can save on average 30% a year on taxes contributing to a healthcare FSA account and/or dependent care FSA account. Visit Health Equity's tax calculator to calculate your potential savings.

Important IRS Information

- In order to elect the Health Care FSA, you cannot be enrolled in the High Deductible Health Plan.
- You may not change your Health Care FSA during the plan year unless you experience a life event such as: marriage, birth, adoption, etc.
- IRS regulations do not allow exceptions if you miss the enrollment deadline, regardless of your reason.
- The IRS regulates qualified expenses and dependents, refer to IRS Publication 502 and IRS publication 503 at IRS.gov.
- Consult your tax preparer, tax attorney, or accountant if you have any questions regarding your specific tax situation.
- IRS guidelines require you to retain receipts for any eligible expense for which you receive reimbursement.

IMPORTANT HEALTH CARE FSA INFORMATION

You must re-elect your Health Care FSA accounts each year.

Carryover Feature
With this feature, you can roll-over a minimum of $25 or up to $660 of your unused Health Care FSA funds at the end of each plan year to use in the next plan year.

Filing a Health Care FSA Reimbursement Claim

Claims can also be submitted through the mobile app, online, mail or fax. To file claims, include required documents such as invoices and receipts for payment to the provider for reimbursement.

Key Health Care FSA Deadlines

ENROLL

Enroll and elect contribution amount within 30 days of hire or during open enrollment.

EXPENSES DEADLINE

2026 eligible expenses must be incurred by Dec. 31, 2026.

All 2026 claims must be submitted by Apr. 30, 2027.

CARRYOVER

Health Care FSA carryover a minimum of $25 up to $660 for use in 2027.

Dependent Care FSA, remaining balance forfeited after Dec. 31, 2026.

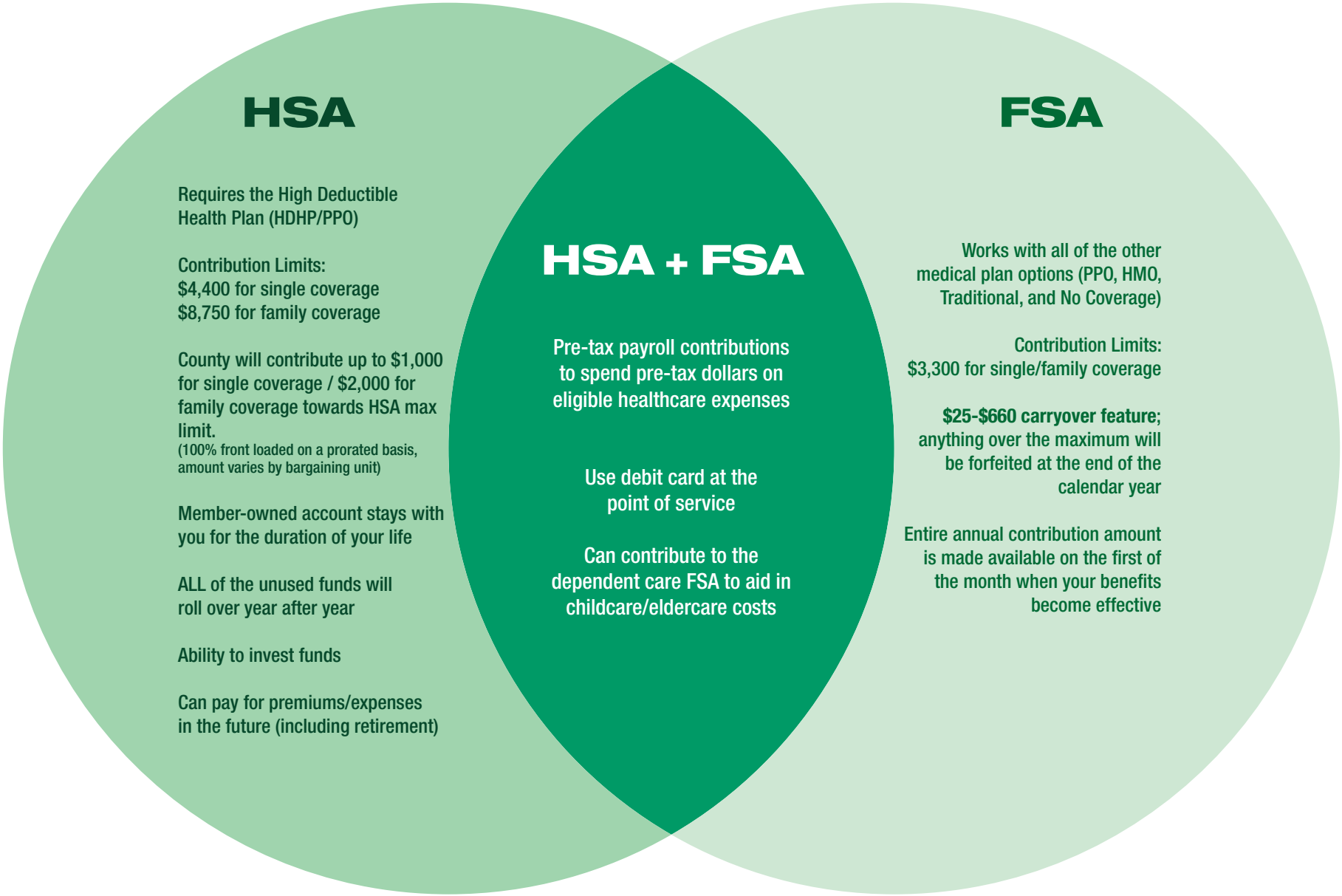
Flexible Spending Accounts

Flexible Spending Account Features at a Glance

	HEALTH CARE FSA	DEPENDENT CARE FSA
Purpose	Allows you to use pretax dollars to pay for qualified medical, prescription, dental and vision expenses.	Allows you to use pretax dollars to reimburse yourself for eligible childcare and adult care expenses.
Amount You Can Contribute	Contribute between $100 - $3,300 for the 2026 plan year. You can NOT change your election unless you have a qualifying life event.	Contribute between $100 - $7,500 for the 2026 plan year. You can adjust your election as your dependent care needs change throughout the year.
Examples of Eligible Expenses	▪ Deductibles/copays/prescriptions ▪ Contact lenses/eyeglasses/LASIK ▪ Dental treatments/orthodontia ▪ Menstrual care ▪ Certain over-the-counter items ▪ Visit **healthequity.com** for a complete list of qualified expenses.	▪ Preschool ▪ Before/after school care ▪ Summer camp ▪ Care for a dependent in the employees' home or the home of the provider ▪ Visit **healthequity.com** for a complete list of qualified expenses.
Eligible Dependents	▪ Child or adopted child that you claim as a tax dependent. ▪ Legal spouse. ▪ Qualified relative you provided over half of their support. ▪ Certain rules apply, refer to IRS publication 502 for specific details.	▪ Dependent children under the age of 13 and whom you claim as a tax exemption on your federal tax return. ▪ Qualified relative unable to care for themselves. ▪ Certain rules apply, refer to IRS publication 503 for specific details.
Fund Availability	Your entire annual election amount is available for payment on January 1st even if you have not contributed the full amount.	Your funds are available as contributions are made through your payroll deductions.
Carryover	At the end of 2026, balances over $660 are forfeited at year-end.	Balances are forfeited at year-end.
Payment Method	▪ Health Equity Visa debit card ▪ Pay out-of-pocket for eligible medical expenses and submit for reimbursement through the mobile app, online or fax.	▪ Pay out-of-pocket for childcare expenses and submit for reimbursement through the mobile app, online or fax. ▪ Use the pay my provider option.

Health Savings Account / Healthcare Flexible Spending Account

THE DIFFERENCE BETWEEN HSA & HEALTHCARE FSA



Life Insurance | Accidental Death & Dismemberment Insurance

Basic Life Insurance and Accidental Death and Dismemberment (AD&D) plans are available to employees at no cost. Insurance plans protect your family from financial hardship in the event of your death or a loss of functionality. The amount of life and AD&D insurance is determined by your annual base salary and age. Life and AD&D insurance plans through Oakland County are term insurance plans administered by Unum with no cash value.

Group Term Life Insurance

During new hire benefit elections, you can select one of four levels of group term life insurance, to a maximum of $400,000.

- 1 times Annual Benefit Salary (buy down of 0.5 times annual benefit salary)
- **1.5 times Annual Benefit Salary – Standard Plan is no cost to you**
- 2 times Annual Benefit Salary (buy up of 0.5 times annual benefit salary)
- 3 times Annual Benefit Salary (buy up of 1.5 times annual benefit salary)

Accidental Death & Dismemberment Insurance

During new hire benefit elections, you can select one of four levels of group term AD&D insurance, to a maximum of $400,000.

- **1 times Annual Benefit Salary – Standard Plan is no cost to you**
- 1.5 times Annual Benefit Salary (buy up of 0.5 times annual benefit salary)
- 2 times Annual Benefit Salary (buy up of 1.0 times annual benefit salary)
- 3 times Annual Benefit Salary (buy up of 2.0 times annual benefit salary)

BE PROTECTED

Why Life & AD&D Insurance should be a part of your financial planning:

- 50% of American households would feel the financial impact from the loss of their primary wage earner in a year or less, more than 40% would feel the impact within six months.
- Unintentional injuries are the fifth leading cause of death in the U.S.

Helpful Information

- Your election will remain in force for the entire calendar year unless you have a qualifying life event.
- The amount of insurance begins to decrease at age 70 by a percent of your pre-age 70 amount. Please refer to the carrier certificate/ benefit booklet for complete details and a schedule of benefits by visiting **OakGov.com/Benefits** and clicking Life Insurance.

Life Insurance | Accidental Death & Dismemberment Insurance

Evidence of Insurability (EOI)

During New Hire Enrollment only, you have the opportunity to enroll in life insurance up to the guaranteed issue without the need for completing EOI. This means you will be automatically approved no matter any medical concerns.
(This information does not apply to annual Open Enrollment.)

Accelerated Death Benefit

Unum provides an accelerated benefit option, which provides up to 80% of your benefit (up to $400,000) if you become terminally ill and have less than 12 months to live. Your beneficiary would then receive the remaining balance at your death.

Tax Consideration

According to federal law, only the first $50,000 of life insurance coverage is tax exempt. If your total coverage is more than $50,000, an amount called "imputed income," will be added to your W-2 earnings using IRS Tax Table 1.

Tax Consideration Example		
Annual earnings	$35,000	In this example, you would not be taxed on the $20,000 but would pay taxes on the cost of the premium for this amount. For example, let's assume you are 42 years old. In this case, your W-2 form would show imputed income of $0.92 per pay (or $24 per year) based on the IRS calculation. This deduction is taken each paycheck to ensure the appropriate amount of income tax and Social Security is deducted. The Group Term Life deduction is reflected under the earnings section of your paycheck. For additional details, refer to IRS Publication 15-B at **IRS.gov**.
Life insurance coverage (county and optional coverage)	$70,000	
Less Tax-free portion	$50,000	
Taxable portion	$20,000	

Continuing Coverage After Leaving Oakland County

When your employment with Oakland County ends, either at retirement or separation, your life and AD&D plans terminate.
You may be able to convert or port your life insurance coverage. You must complete an application and apply for these options within 31 days of your coverage termination. To obtain an application, contact Unum using the contact information on the first page of this Benefits Guide.

Spouse and Dependent Life and AD&D Insurance

Spouse and Dependent Supplemental Life and AD&D Insurance offered through Unum can provide peace of mind for you and your family. Plan options are available during Open Enrollment. Contributions are made on a post-tax basis, please refer to Workday for contribution amounts.

	Spouse	Dependent
Coverage Levels Available	▪ $10,000 ▪ $25,000 ▪ $50,000	▪ $10,000 ▪ $20,000

Helpful Information

Your election will remain in force for the entire calendar year unless you have a qualifying life event. The amount of insurance begins to decrease at age 70 by a percent of your pre-age 70 amount. Rates for Spouse Supplemental Life Insurance are based on the age of the employee and can increase mid-year. Please refer to the carrier certificate for complete details and a schedule of benefits by visiting **OakGov.com/Benefits** and clicking “Disability and Life Insurance”.

Evidence of Insurability (EOI)

During new hire enrollment only, you can select spouse and dependent life and AD&D insurance up to the guaranteed issue without the need for completing EOI. This means you will be automatically approved no matter any medical concerns.
(This information does not apply to annual open enrollment).

Continuing Coverage After Leaving Oakland County

When your employment with Oakland County ends, either at retirement or separation, your spouse and dependent life and AD&D plans terminate. You may be able to convert or port your life insurance coverage. You must complete an application and apply for these options within 31 days of your coverage termination. To obtain an application, contact Unum using the contact information on the first page of this Benefits Guide.

Spouses and dependents are only eligible to be enrolled in one life and/or AD&D policy with Unum. If your spouse or dependent is already enrolled in a life and/or AD&D policy through their own Oakland County employment or by another Oakland County employee, they are not eligible for a second voluntary policy through Unum.

Disability Coverage

SHORT AND LONG-TERM DISABILITY INSURANCE

UNUM

www.unum.com

Phone: (866) 868-6737

Policy # 914587

Disability benefits help protect your income if you are unable to work due to a non-work-related disability. Short-term disability (STD) and long-term disability (LTD) benefits are available to eligible employees at no cost. Since this coverage is provided by the county, any benefits paid will be taxable income.

Short-Term Disability (STD)

Employees are eligible after completion of six consecutive months of service. The six-month eligibility period could be extended if the individual was not working due to a leave of absence.

This benefit replaces 60% of your base weekly salary, up to $8,000 per month. Employees have the option to supplement their pay with leave banks to pay for healthcare contributions and supplement additional income.

If your disability is expected to last more than seven consecutive calendar days (the waiting period), contact the county's disability provider, Unum, to provide the details of your disability and the contact information for your doctor.

Employees have 30 calendar days from their first day off work to contact Unum according to Merit Rule 22. A delay in contacting Unum will significantly delay disability payments. More information is available at **OakGov.com/Benefits**.

Employees are required to keep their department informed of expected return-to-work dates and any delays in the claim process from the first day off work through the expected duration of absence.

Long-Term Disability (LTD)

If your short-term disability (STD) extends longer than six months (187 days), employees can apply for long-term disability. LTD is a continued benefit providing 60% of base salary, up to a maximum of $8,000 per month.

Elected officials are not eligible for short- or long-term disability.

NOTE:
Term Life, AD&D and Disability coverages are issued by Unum insurance. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply.

Family and Medical Leave Act (FMLA)

FAMILY AND MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA) is a federal law that allows eligible employees to take up to 12 weeks of job-protected leave per 12-month calendar year for certain family and medical reasons, such as the birth of a child, a serious health condition, or caring for a family member. To be eligible for FMLA, an individual must be employed by Oakland County for at least 12 months and have worked at least 1,250 hours in the past 12 months.

FMLA IS ADMINISTERED BY UNUM

www.unum.com

Phone: (866) 868-6737

Policy # 914587

Types of Family Leave include:

- Birth and care for a newborn child
- Adoption or foster care placement of a child
- Caring for an immediate family member (spouse, child, or parent) with a serious health condition
- A serious health condition that makes the employee unable to perform the essential functions of his or her job
- Qualifying exigencies related to a family member's active duty or call to covered active duty in the military
- Up to 26 weeks of leave to care for a covered servicemember with a serious injury or illness (military caregiver leave)

Employees are required to keep their department informed of absences due to approved FMLA leave and expected return-to-work dates. Employees must exhaust all leave banks prior to using Leave Without Pay during an approved FMLA leave.

To submit a request for FMLA:

- Go to **https://portal.unum.com.**
- Once logged in, click the "Start a leave or claim" button on the homepage.
- Provide any necessary information.
- After you submit your request, you'll receive a confirmation with next steps.

Paid Time Off

PAID TIME OFF - UAW MEMBERS ONLY

Personal Leave

> Receive 80 hours upon hire and annually.

Floating Holiday

> Receive 8 hours upon hire and annually.

Non-Hybrid Floating Holiday

> Only for employees working 100% on-site with approved work schedule.
> Receive 5 days upon hire and annually.

Annual Leave

> Accrued based on years of county service. Rates can be located in Merit Rule 23.

Paid Holidays

> New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day (July 4th), Labor Day, Election Day, Veteran's Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve.
> Refer to the holiday schedule located on the internal county Telegraph website.

Parental Leave

> Receive 6 weeks paid leave at 100% of current salary.
> Available for full-time employees after 6 months county service and can be used for the birth or adoption of a child.

Annual Leave Buyback

> Eligible employees with 60 (or more) annual leave hours.
> Cash out 20 hours minimum to 40 hours maximum.
> Please see the Telegraph for more information. **hr.OakGov.com/leavebuyback**

Healthy Workplace Policy

> For full time employees that are eligible.
> Please check the internal county Telegraph website for more information.

Bereavement

> Up to 3 consecutive working days for death of a member of immediate family; listed in Merit Rule 25.1.2.
> Receive additional consecutive working days depending on relationship.
> Please refer to bargaining unit contract.

Elected and appointed officials are exempt from accrual of paid time off.

LENGTH OF ELIGIBLE COUNTY SERVICE *(see Rule 22)*		DAYS OF ANNUAL LEAVE EARNED*		MAXIMUM** ACCUMULATION HOURS/DAYS	
FROM	THROUGH	HOURS PER PAY	IN 12 MONTHS	ELIG. O/T	N/ELIG. O/T
0	1 year	3.07	10 days	N/A	N/A
2 years	4 years	3.69	12 days	144/18.0	288/36.0
5 years	9 years	4.61	15 days	180/22.5	360/45.0
10 years	14 years	5.53	18 days	216/27.0	432/54.0
15 years	19 years	6.15	20 days	240/30.0	480/60.0
20 years	24 years	6.76	22 days	264/33.0	528/66.0
25 years	Remainder of County Service	7.38	24 days	288/36.0	576/72.0

Voluntary Benefits: Pet Insurance

Pet Insurance

Pet Insurance is offered through PetPartners. Enrollment in pet insurance is available annually during Open Enrollment. Changes to coverage throughout the year are only permitted with a qualifying life event (i.e. adoption or death of pet).

Here's how it works:

- Visit any licensed vet or clinic
- Pay your vet and submit a claim
- Get reimbursed for eligible expenses

Pet Insurance		
Deductible	$300 per pet	
Reimbursement	80%	
Annual Limit	$5,000 per pet	
Prescriptions	Subject to Deductible then Coinsurance	
Preventive Care	Not Included	
Age Limit	8 Weeks- 10 Years * Pet must be enrolled before age 11 but can stay on for life	
Waiting Period	Injury/Illness	Waived
	Cruciate Ligament Condition	6 months
Prior Coverage Credit	Included if eligible	
Pre-Existing Conditions	Available after a 12-month waiting period	

Bi-Weekly Contributions by Pet		
Dog	1	$21.81
	2	$43.62
	3	$65.42
	4	$87.23
	5	$109.04
Cat	1	$11.05
	2	$22.11
	3	$33.16
	4	$44.22
	5	$55.27

More information at OakGov.com/Benefits *see Voluntary Benefits*

Retirement

YOUR RETIREMENT TEAM

We are here to support you on your financial journey to retirement with a variety of helpful resources. Through Empower, you'll have access to educational tools and guidance from our dedicated retirement counselor. We also offer in-person consulting and webinars on a range of retirement topics. If you're looking for personalized investment advice, our partners at Graystone Consulting are here to help. And whenever questions come up, you'll always have us as a friendly point of contact ready to support you and advocate for your needs.

It's helpful to contact us about 30-60 days before your last day and we'll provide you with a summary of your benefits and walk you through the process.

Retirement Eligibility
Age 55 with 25 years of service or
Age 60 with 8 years of service or
25 years, regardless of age for Sheriff Deputies

Retirement Education Program (REP) - Stay Engaged!

Employees who attend a Retirement Educational Program (REP) webinar, in-person event or one-on-one appointment with one of our consultants, will be placed into a quarterly drawing for $50 to use on Bucketlist. Drawing entries will be automatic based on attendance. The more you attend, the more chances you have to win!

YOUR DEDICATED RETIREMENT COUNSELOR

Empower

Thomas May
Dedicated Retirement Plan Counselor
P: (248) 846-3289
Thomas.May@empower.com

QUESTIONS?

Email **retirement@oakgov.com** or call (248) 892-2855.
Retirement account(s) may be accessed by visiting **Empower.com/OaklandCounty**.

Retirement

401(a) Defined Contribution Plan Information

Full-time employees of Oakland County are automatically enrolled in the plan. Oakland County will withhold a percentage of your pay on a pre-tax basis. This is a mandatory, non-elective contribution. In addition, Oakland County will contribute a mandatory non-elective contribution made to the plan on your behalf. The contribution amounts vary by job classification.

401(a) CONTRIBUTIONS – UAW MEMBERS ONLY			
Retirement Plan	**Employee Pre-Tax Contribution**	**Employer Contribution**	**Total Employee & Employer Contribution**
4016UAW	3%	9%	12%

**Plan eligibility is based on hire date. Contributions for employees who converted from the DB plan vary.*

HERE'S HOW TO SEE WHAT 401(a) PLAN YOU'RE IN:

1. Login to Workday
2. Click on the person icon in the upper right corner
3. Click "View Profile"
4. Navigate to Benefits on the left-hand side
5. Click on My Retirement Savings

Vesting refers to your "ownership" of a benefit from the Plan. You are always 100% vested in your contributions and rollover contributions, plus any earnings they generate. You are vested in the County contributions according to the following schedule:

Years of Service Completed	% Vested
2	20%
3	40%
4	60%
5	80%
6	100%

Retirement

457(b) Deferred Compensation Plan Information

The 457(b) Deferred Compensation plan is a supplemental voluntary plan that allows you to save for retirement with Pre-Tax and Roth After-Tax Plan.

To increase/decrease your contribution amount, or to enroll in the plan using a specific whole dollar amount/percentage, please login to your Empower account at **empower.com/oaklandcounty** or call Empower at 833-OAK-GOV1 (833-625-4681).

Oakland County will match dollar-for-dollar, what you contribute to either your pre-tax or after-tax. Matched contributions are deposited into your 401(a) plan. The match amounts vary by classification.

457(b) CONTRIBUTIONS – UAW MEMBERS ONLY	
Employee Classification	**Oakland County 457(b) Plan Match**
UAW	$1,500

Register Your Account Online & Designate a Beneficiary for Both Plans

Go to **empower.com/oaklandcounty** and choose Register, then select I do not have a PIN. When prompted, enter your personal information (including your Social Security Number, ZIP Code, Last Name, and Date of Birth) and then follow the prompts to create your own username and password.

How Your Money is Invested

The Plan offers a wide selection of investments to choose from. Visit **empower.com/oaklandcounty** and click Sign in to access your account for more information. If you do not make an investment election, your contributions will be automatically invested in an age-appropriate target date fund.

Graystone Consulting

Your roadmap to retirement! Get help developing a comprehensive plan to meet your retirement goals. Assistance selecting appropriate investments and financial planning services.

YOUR DEDICATED RETIREMENT ADVISOR

ERIK BURGER, QPFC
Vice President, Financial Advisor
erik.burger@morganstanley.com
P: (586) 914-5766

Retirement

Retiree Healthcare Eligibility

Oakland County offers retiree healthcare coverage to eligible employees hired before 01/01/06. Oakland County has four Retiree Healthcare Schedules, based on hire date:

Vesting Schedule	Hire Date
A	Hired prior to 09/21/85
B	Hired on or after 09/21/85 and before 01/01/95
C	Hired on or after 01/01/95 and before 01/01/06
D	Retiree Health Savings (RHS) Account if hired on or after 01/01/06 Dates may vary by bargaining unit

Details of each retiree healthcare schedule can be found on our website **oakgov.com/retirement.**

Employees must be eligible for retirement to receive healthcare coverage as a retiree from Oakland County.

Schedule C Vesting Schedule

This is the percentage the County would pay toward a Single person or Family plan. The employee would be responsible for the difference between this amount and the current full cost of their health plan, plus any deductibles or co-pays.

At completion of:	Percentage of Retiree Paid
Up to 15 Years	0% (No Coverage)
15 Years	60%
16 Years	64%
17 Years	68%
18 Years	72%
19 Years	76%
20 Years	80%
21 Years	84%
22 Years	88%
23 Years	92%
24 Years	96%
25 Years	100%

ALL NEW EMPLOYEES - Schedule D Vesting Schedule

Employees hired on or after January 1, 2006 will not be eligible for retiree health, dental or vision coverage through Oakland County. Full-time benefit eligible employees will receive a minimum County contribution of $75 per pay period to an RHS account. Contribution amounts vary based on bargaining unit.

The RHS account may only be used to pay for medical, dental and vision expenses based on IRS Regulations. These expenses may include paying for health care premiums, co-pays, and deductibles.

A participant may access their RHS account after retirement or separation from county service based upon the following vesting schedule:

At completion of:	Vesting Schedule
Up to 6 Years	0% (Not Vested)
6 Years	60%
7 Years	70%
8 Years	80%
9 Years	90%
10 Years or More	100%

Education Assistance Program

EDUCATION ASSISTANCE PROGRAM

Whether you're looking to sharpen your skills, earn a new degree, or grow in your current role, we've got your back. If your studies align with County operations and boost your job performance, we'll help cover the cost, because your growth is our priority. Let's invest in your future, together!

Eligibility Requirements:

- You must be benefits-eligible as defined by Merit Rule 20.
- Your coursework or degree program should relate to your current role, or a likely future position, within the County.
- Classes must be taken after work hours at an accredited educational institution.
- You need to be actively employed at the time you submit your application and when the class is completed.

Parameters:

- Assistance will cover a maximum of $5,250 per calendar year, any funds exceeding this amount are subject to being taxed.
- Tuition, fees and course materials are eligible.
- Books are eligible for reimbursement only.

Education Assistance Process:

You have two options for funding your education: tuition advancement and tuition reimbursement.

- **Tuition advancement** allows you to receive funds before your course begins and before you pay the school. Funds are provided based on your approved spend authorization.

- **Tuition reimbursement** is issued after you've successfully completed your course and submitted your final grades.

If you have questions regarding the Education Assistance Program, please email **hrtraining@oakgov.com.**

MESP & Savi Student Debt Relief

Michigan Education Savings Program (MESP)

Oakland County is making it easier than ever to save for college. Upon opening a Michigan Education Savings Program (MESP) 529 account, payroll deductions can be set up directly to your MESP account. Funds can be used to send your children, grandchildren, or even yourself to any accredited pubic or private U.S. college or university or two-year technical or vocational institution.

Benefits of an MESP 529 College Savings Account:

- 100% tax-free growth for qualified withdrawals means more money for college.
- Use at any accredited school in the U.S. or abroad.
- Flexible investment choices.

To enroll, follow these instructions:

- Create an MESP account at: **misaves.com**.
- Determine the amount of money you want to contribute to per pay.
- Set up an additional payment election in Workday, which will deposit funds directly into your MESP account.

Questions?

Visit **OakGov.com/Benefits** and choose “Voluntary Benefits”.

Savi Student Debt Relief

Oakland County has partnered with Savi, a social impact technology startup, to help employees manage student loan repayment and work toward loan forgiveness. This service is free to all Oakland County Government employees seeking assistance with college debt. After the first year, participants would need to renew their membership on their own.

Savi connects users with more than 50 income-driven repayment plans, including options focused on loan forgiveness. Employees who use Savi save an average of $187* on their monthly payments by optimizing their repayment plans.

Register today at: **oakgov.bysavi.com**

Tuition Discounts

Some local colleges and universities have elected to offer discounts to Oakland County employees or other public sector workers. Oakland County Human Resources is not responsible for any changes in tuitions and fees.

Please note that Education Assistance can be used in addition to these discounts.

Central Michigan University

Offers Bachelor's, Master's, and Certificate programs both online and at satellite locations.

- 15% off of tuition for Oakland County employees, spouses, and dependents.

Davenport University

Offers Bachelor's, Master's, Professional and Graduate Certificates.

- 20% off of tuition for Oakland County employees, spouses, and dependents.

University of Detroit Mercy

Offers Business Administration graduate degrees and certificate programs.

- 50% off tuition for Oakland County Employees

Cleary University

Offers Associate, Bachelor's, and Master's degrees, as well as Graduate and Professional Certificates on campuses located in Howell, Ann Arbor, and Detroit.

- 50% off tuition for Oakland County Employees.
- 20% off tuition for eligible dependents and spouses. Waived application fee.

Lawrence Technological University

Current employees are eligible for up to $3,000 in tuition grants to take courses on campus or through LTU online.

- Part-Time Undergraduate Students $1,500.00 per semester.
- Full Time Undergraduate Students $3,000.00 per semester.
- Graduate Students (part-time or full-time) $250.00 / course.

Walsh College

Oakland County Employees are eligible for:

- 15% off Graduate level courses/trainings, certificates, & CEUs.
- 5% off Walsh College Undergraduate-level courses/trainings.

**Discounts also apply to spouses and dependents*
**Contact the University for discounted registration link*

PUBLIC SERVICE LOAN FORGIVENESS

Oakland County is a qualifying employer for public service loan forgiveness (PSLF). Employees who have Federal Direct Loans and have made 120 payments on the Federal Direct Loans (after Oct. 1, 2007) may be eligible for the remaining loan balance to be forgiven. PSLF is administered by the U.S. Department of Education, it is not an Oakland County administered program. However, if an employee chooses to apply to this program, Oakland County Human Resources will complete a section of the Employment Certification Form to certify your employment with the County.

Oakland County EIN:
386004876

Visit **studentaid.gov/pslf** for more information and eligibility.

ONLINE / DIGITAL OPTION

1. Create an account at **studentaid.gov**.
2. Digitally sign your PSLF application.
3. Request your employer's signature through the PSLF help tool, using **HR-Records@oakgov.com** as the employer's email address.
4. Once the PSLF is digitally signed by yourself and your employer, your form will be electronically submitted for processing.

PAPER OPTION

1. Complete page 1 of the PSLF form. (found at **studentaid.gov**)
2. Email pages 1 & 2 to **HR-Records@oakgov.com.**
3. Employee Records will complete page 2 and return the completed forms to the employee. It is the employee's responsibility to forward all paperwork to the Federal Loan Program.

If you have questions, please contact **HR-Records@oakgov.com**.

Learning & Development

Employee development is a critical part of achieving Oakland County's mission, vision, and strategic goals. Our goal is to develop and retain Oakland County's most treasured asset, people, to enhance performance and foster an environment of excellence in public service. Whether entry-level or management, we believe learning is important for employees at all levels of the organization. We offer a variety of training programs to meet the needs of Oakland County employees across all departments at no cost other than the time invested.

Request customized trainings and view our full course offerings by visiting: **hr.OakGov.com/training**

Become a Leader in Oakland County:

Oakland County is dedicated to supporting the growth and development of our employees. We're excited to offer you three outstanding leadership development programs for both current and emerging leaders. Human Resources will cover tuition for all selected participants.

- **Leadership Oakland** – Cornerstone Program for Emerging and Current Leaders
- **Emerging Leaders Program** – For Employees Aspiring to Leadership Roles
- **Leadership Academy** – For Current Supervisors, Managers, Administrators, and Directors

Find more information about leadership development courses at: **hr.OakGov.com/leadershipoakland**

LinkedIn Learning

LinkedIn Learning provides Oakland County employees with on-demand access to thousands of expert-led courses designed to support professional growth, skill development, and personal enrichment. Whether employees are looking to strengthen technical abilities, enhance leadership and communication skills, or explore new career paths, LinkedIn Learning offers flexible, self-paced learning opportunities that align with individual goals and organizational needs, empowering our workforce to stay current, competitive, and continually growing.

For more information: **linkedin.com/learning**

Employee Engagement

EMPLOYEE ENGAGEMENT

The Oakland County Employee Engagement team is responsible for employee recognition and awards programs. Programming that improves people's lives – at work and beyond.

Our goal is for continuous improvement and collaboration to make Oakland County an employer of choice and an inclusive place to work. Employee Engagement plays an important role in allowing our employees to make their physical and mental health a priority.

ENGAGEMENT CHAMPIONS

Oakland County Employee Engagement Champions are a group of dedicated employees from across departments who serve as liaisons between their teams and the Human Resources Department to support and promote employee engagement initiatives. These champions help communicate important updates, gather feedback, encourage participation in countywide programs and surveys, and foster a positive workplace culture. By acting as a voice for their colleagues and helping drive engagement at the local level, they play a vital role in making Oakland County a great place to work.

For more information: **engagement@oakgov.com** | **hr.OakGov.com/EngageWell**

GET INVOLVED

- March is Reading Month
- Earth Day / Bring Your Child to Work Day
- Chili Cook-Off
- Waterpark Days
- Be Kind to Humankind Week
- Children's Day Donation Drive
- Season of Giving

BUCKETLIST RECOGNITION PROGRAM

Bucketlist Rewards is Oakland County's official employee recognition platform that allows staff to earn points through peer and manager recognition, milestone celebrations, and performance achievements. These points can be redeemed for a wide range of personalized rewards, including gift cards, experiences, and charitable donations. By promoting appreciation, boosting morale, and encouraging engagement, Bucketlist helps foster a positive workplace culture.

For more information: **engagement@oakgov.com** | **oakgov.bucketlist.org**

OakFit Employee Well-being

OAKFIT WELL-BEING

Oakland County's vision is to be a healthy, safe, and thriving place where everyone is valued, quality of life is high and economic opportunity abounds. Benefits offered through Oakland County play an important role in allowing our employees to make their health and well-being a priority.

Employees can participate in several OakFit programs such as lunch 'n' learns, well-being challenges, book clubs, exercise classes, and many other events and activities. More information can be found at **hr.OakGov.com/OakFit**.

Health Screening Incentive Program

The OakFit wellness program offers a $100 incentive (may differ based on union agreement) to full-time eligible employees that complete their annual health screening and health assessment.

Visit **hr.OakGov.com/HealthScreen** for program specifics.

Annual health screening physicals must be completed between January 1st – December 31st. Specially physician (OBGYN) and Acute care clinics (minute clinics & urgent care clinics), do not qualify as a primary care visit.

A FEW OAKFIT PROGRAMS

- 5k Training Program
- Cardio Drumming
- Employee Market Day
- Health Screening Incentive
- Lunch 'n' Learns
- Walk Michigan
- Yoga
- Well-Read Minds Book Club
- WeightWatchers

WeightWatchers

WeightWatchers (WW) is a free subscription-based well-being and weight management program for all Oakland County employees, contractors, spouses, partners and dependents. It is recommended for adults 18 years of age and older who wish to follow the WW program entirely online through the WW mobile application and website.

For additional information, please visit: **hr.OakGov.com/wwinfo**

Employee Assistance Provider

Optum

Oakland County's Employee Assistance Program offers resources to help you deal with life's challenges. Everyone faces challenges from time to time, but with Optum you don't have to face these challenges alone. Explore the services and identify the right offerings to help you and your family live a balanced and healthy life. **Life advisors are available 24/7** for telephone support. Mobile app with chat functionality, video counseling, and a web portal are also available.

✓ Mental Health Support	Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.
✓ Life Coaching	Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.
✓ Financial Consultation	Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.
✓ Legal Consultation	Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.
✓ Work-Life Resources & Referrals	Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.
✓ Personal Assistant	Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.
✓ Medical Advocacy	Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.
✓ Member Portal and App	Provide easy access to thousands of articles, webinars, podcasts, and tools covering total well-being.

Visit Optum at liveandworkwell.com (*use company code "Oakgov"*) or call (866) 248-4096.

Career Coaching

Contact for questions:
Jeff Granat | granatj@oakgov.com

- 16 years of experience in Workforce Development
- 2.5 years of recruitment expertise at Oakland County
- Masters in Human Resources & Labor Relations
- Multiple HR certifications
- Global Career Development Facilitator

hr.OakGov.com/CareerCoach

CAREER COACHING

Career coaching is when a coach and an employee work one-on-one to help reach career goals and full potential. Career coaches help with career planning, career changes, career advice, and other career decisions. Coaching can help those who feel stuck, or aren't sure what they want, along with those who want more for themselves. This is a proactive approach for the individual to take control of what they want, and take the steps to get there.

Here are some of the topics our Career Coach can help you with:

- Navigating career transitions
- Provide career advice
- Job Interview Skills/Mock Interviewing
- Career Assessment results and providing guidance
- Career planning
- Explore new career options and opportunities
- Assist in the job search process
- Explore how to upskill or reskill in current role
- Provide feedback on resumes and cover letters

The Career Coach will review your information and contact you to schedule an appointment

A discovery appointment will allow you and the Career Coach to establish goals and desired outcomes

Next steps are driven by the needs of the client

LITTLE OAKS CHILDCARE

Little Oaks is administered by an accredited group that is recognized by the National Association for the Education for Young Children (NAEYC). They offer high-quality childcare at discounted rates to Oakland County employees and the community. The center provides a safe, friendly, high-quality learning environment.
For rate information, visit: **hr.OakGov.com/littleoaks**

The center is located on Oakland County's main campus with hours of 6:45 a.m. – 6:00 p.m. Employees who wish to schedule a tour or seek additional information should contact the center at (248) 858-2080 or visit **hr.OakGov.com/littleoaksenroll**

Reminder, you can use the Dependent Care FSA with Little Oaks! This is a great way to stack your savings with using pretax dollars for this expense. Make sure you save your receipts to submit for reimbursement.

See page 30 for more information.

WHY CHOOSE LITTLE OAKS?

Family-Friendly Access
- Open-door policy for visits and family involvement

Flexible Scheduling
- Emergency drop-off and part-time care options

Safe & Secure
- On-site security for peace of mind

Learning Care group

learningcaregroup.com

EMPLOYEE DISCOUNTS

Don't work at the main County campus?
We've Got You Covered! You have access to 23 convenient locations within 20 miles of Pontiac.

Wherever you work, quality childcare is nearby.

Oakland County employees can show their badge to take advantage of exclusive childcare benefits at all Learning Care Group schools:
- 10% tuition discount
- Waived registration fee

Benefits Glossary

Appeal
A request that your health insurer or plan, reviews a decision that denies a benefit or payment (either in whole or in part).

Beneficiary
Person designated as a recipient of funds under a will, trust, insurance policy, etc.

Claim
A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or plan for items or services believed to be covered.

Coinsurance
Your share of the costs of a covered health care service, calculated as a percentage (for example, 10%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 10% would be $10.)

Copay
Fixed dollar amount, due at the time of service, for specific treatments or visits, such as a doctor visit.

Deductible
Fixed dollar amount you are responsible for paying before the insurance carrier starts paying for non-preventive health expenses.

Diagnostic Test
Tests to determine health problems. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment
Equipment and supplies ordered by a health care provider for everyday or extended use. DME may include oxygen equipment, wheelchairs, and crutches.

Flexible Spending Account (FSA)
FSA's allow employees to pay for certain qualified healthcare and childcare expenses with pretax dollars. The election amount is divided equally and deducted each paycheck before federal, state, FICA, and local taxes are calculated.

Formulary
A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

Cost Sharing
Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost. for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

Benefits Glossary

Grievance
A complaint that you communicate to your health insurer or plan.

In-network Provider
Providers that are contracted with the insurance carrier. In-network providers agree with insurance carrier pricing and apply discounts for their services. As a result, the in-network costs will be much lower than out-of-network fees.

Medically Necessary
Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Network
The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-network Provider
Providers that are not contracted with the insurance carrier. If you receive services from an out-of-network provider, you will not receive discounts on pricing and may be responsible for additional cost not covered by your insurance carrier.

Out-of-pocket Maximum
The most an employee could pay in a calendar year. Once this amount is reached, the plan pays the full cost of covered expenses.

Physician Services
A licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates health care services

Preauthorization
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium
Amount that must be paid for your health insurance plan. This is paid primarily by Oakland County and employees pay a bi-weekly deduction from their paycheck.

Prescription Drug Coverage
Drugs and medication that by law require a prescription.

Preventive Care (Preventive Service)
Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Provider
A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant as allowed under state law and the terms of the plan, who provides, coordinates, or helps you access a range of health care services.

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Provider
An individual or facility that provides healthcare services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

Referral
A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

Screening
A type of preventive care that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care
Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is not the same as "skilled care services," which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist
A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug
A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a healthcare professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

Urgent Care
Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

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