



2025 Benefits Guide



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2025 Employee Benefits Guide

Grand Traverse County takes pride in providing a robust compensation package that includes comprehensive benefits designed to protect you and your dependents. This booklet provides details on all the benefit plans available to you but does not include complete coverage details. For more detailed information, please refer to the plan summaries located at gtcountymi.gov/humanresources.

Eligibility

Coverage	When Coverage Begins	Who is Eligible	Eligible Dependents
Medical	First of the month following 30 days of active employment	All regular full time and part time employees	Legal Spouse Children up to the end of the month in which they turn 26
Dental	First of the month following 30 days of active employment	All regular full time and part time employees All regular full time employees are required to enroll	Legal Spouse Children up to the end of the calendar year in which they turn 19, or your unmarried children who are eligible to be claimed as a dependent under the US Internal Revenue code during the current calendar year, until the end of the year in which they turn 25
EyeMed Vision	First of the month following 30 days of active employment	All regular full time and part time employees	Legal Spouse Unmarried children who are eligible to be claimed as a dependent under the US Internal Revenue code during the current calendar year up to the end of the month in which they turn 26
GTC Vision Reimbursement	30 days of active employment	All regular full time and part time employees All regular full time employees are required to enroll	Legal Spouse Unmarried children who are eligible to be claimed as a dependent under the US Internal Revenue code during the current calendar year up to the end of the year in which they turn 19
Group and Voluntary Life and AD&D	6 months of active employment	Regular full time and part time employees working 15+ hours per week	Legal Spouse Unmarried children who are eligible to be claimed as a dependent under the US Internal Revenue code during the current calendar year up to the end of the month in which they turn 26 <i>Group coverage is provided for employees only</i>
Group Short-Term & Long-Term Disability	6 months of active employment	Regular full time and part time employees working 15+ hours per week	Coverage is provided for employees only
Accident and Critical Illness	First of the month following 30 days of employment	All regular full time and part time employees working 30+ hours per week.	Legal Spouse Children up to until the end of the month in which they turn 26



Important Notice: Mid-Year Enrollment Changes

It is your responsibility to provide Human Resources with proof of your dependents' eligibility if required, in the form of: (a) your most recent Federal Income Tax Return, (b) Court Order specifying your responsibility to provide "group health coverage" to your dependent, or (c) a copy of the birth or marriage certificate.

Due to IRS rules, you may only make a change to your benefit elections during open enrollment unless you experience a **qualifying event**. Promptly report the following qualifying events to HR **within 30 days** to update your coverage accordingly:

- Weddings
- New babies
- Adoptions
- Death or Divorce

If you do not report your qualifying event to HR within 30 days, you will be required to wait until the next open enrollment to make a change to your benefits.

Other changes (**not qualifying events**) also need to be immediately reported to HR including:

- Military Service
- 65th birthday

Medical and Pharmacy Coverage with Priority Health

GTC's medical plan is a qualified Priority Health HMO (Health Maintenance Organization) plan. HMO plans require a Primary Care Physician (PCP) for each member enrolled in the plan. The HMO plan allows you to seek services from any provider, in addition to your PCP, within the Priority Health network. There are services that may require a referral. Emergency Services are available worldwide at the in-network benefit, so no need to worry when traveling. Because Priority Health is a Michigan-based company, you must notify Priority Health's customer service department if you have a dependent residing outside of the Priority Health service area. Dependent(s) living outside of the service area will utilize the **Cigna PPO** network, not the Priority Health provider network. Out-of-network services will **not** be covered for members residing within the Priority Health service area.

GTC's qualified HMO plan allows for an HSA (Health Savings Account). HSAs allow you to contribute pre-tax dollars into your own savings account. These dollars can be used on qualified expenses including medical plan deductibles, copayments, prescriptions, dental services and vision services and supplies. There are certain eligibility restrictions set by the Internal Revenue Service that may not allow you to contribute to an HSA. Examples include enrollment in Medicare or Medicaid. If you are unsure of your eligibility to contribute, contact HR.

Service Category	Benefit		
Deductible non-embedded	\$1,650 for Single Coverage \$3,300 for Family Coverage		
Out of Pocket Maximum non-embedded	\$2,000 for Single Coverage \$4,000 for Family Coverage		
Preventive Care	100%, Deductible Waived		
Corewell Health Virtual Visit	Covered 100% after Deductible		
Office Visit Copay	Covered 80% after Deductible		
Specialist Copay	Covered 80% after Deductible		
Urgent Care	Covered 80% after Deductible		
Emergency Room	Covered 80% after Deductible		
Hospital Services	Covered 80% after Deductible		
High Tech Imaging	Covered 80% after Deductible		
Prescriptions	Copay Applies after Deductible		
Tier 1	\$10 Copay		
Tier 2 & 4	\$40 Copay		
Tier 3 & 5	\$80 Copay		
Mail Order (90 days)	2x the 30-day Retail Copay		
Employee Cost per Pay	Medical (20%)	HSA (20%)	Total (20%)
Full Time Single	\$52.88	\$8.33	\$61.21
Full Time Double	\$126.90	\$16.67	\$143.57
Full Time Family	\$158.63	\$16.67	\$175.30

Part Time Employee per Pay Cost: Pro-rated based on FTE status.

Health Savings Account

A Health Savings Account (HSA) is a tax-favored bank account allowed when enrolled in a qualified plan, like the GTC Priority Health HMO. Dollars put into the health savings account help to pay the medical plan's required deductibles, coinsurances, and copayments as well as other qualified expenses like dental and vision services and supplies.

HSA Advantages

- Triple Tax Advantage: Contributions made to an HSA are tax deductible, withdrawals are not taxed when used for qualified expenses, and interest grows tax-free.
- You own the HSA and you control how you use your dollars. If you have dollars in your account saved when you are of normal retirement age, you may use those dollars to pay for Medicare premiums as well as non-qualified expenses without penalty. Non-qualified use of your dollars after you retire will be subject to normal income tax.

Financial Institution

- Health Equity will administer your account and provide you with a debit card. Online account management can be accessed at www.healthequity.com with the option to set up automatic payments for qualified expenses.
- Priority Health sends claims information to Health Equity, which allows you to easily pay providers using their online member portal.
- The 2025 HSA contribution maximums are \$4,300 if enrolled in single coverage, or \$8,550 if enrolled with one or more dependents. There is an additional \$1,000 catch up contribution that can be added for individuals aged 55 or older.
 - Grand Traverse County contributes to your HSA. Full Time employees receive \$1,000 if enrolled in single coverage, or \$2,000 if enrolled with one or more dependents

Using your HSA at the Physician's Office

- Provide the physician's office your Priority Health ID card. The physician's office will submit a claim to Priority Health for payment. If the service is billed as preventive, it will be covered at 100%. If the service is not billed as preventive, Priority Health will apply network discounts.
- You will receive an Explanation of Benefits (EOB) from Priority Health outlining how the claim was processed. The EOB will show how much was paid by Priority Health and what your out-of-pocket responsibilities are. The physician will then send you a bill. Make sure the physician bills you for the amount noted on the EOB.
- You may use your HSA to pay the physician. Make sure to save your receipt for tax purposes.

At the Pharmacy

- Obtain a prescription from your doctor. At the pharmacy, present your Priority Health ID card. The pharmacy will submit your claim to Priority Health. Priority Health will apply the network discount and apply the charge to your benefits. The pharmacy will then apply your out-of-pocket costs.
- You may use your HSA to pay for prescriptions at the point of sale. Again, make sure you keep your receipt.

Dental with Delta Dental

Delta Dental coverage is provided for you and your family. Delta Dental has one of the largest provider networks in Michigan. Because their strength, Delta Dental is able to negotiate lower costs for dental services, thereby stretching your dollar.

Benefit	
Deductible	None
Annual Maximum	\$1,000
Lifetime Ortho Max	\$1,000
Preventive	100% exams, cleanings, fluoride, space maintainers, brush biopsy, emergency palliative treatment and x-rays
Basic	75% fillings, crown repair, oral surgery, endodontics, periodontics, and relines and repairs to bridges, implants, & dentures
Major	75% crowns, bridges, implants, and dentures
Orthodontia	50% Up to age 19

Claim Example: Crown

Network	Participating Provider	Out of Network
Submitted Charge	\$950	\$950
Approved	\$675	\$744
Coverage	75%	75%
Plan Pays	\$506.25	\$580.50
You Pay	\$168.75	\$369.50

- Seeking services from a Delta Dental participating provider will lower your out-of-pocket costs tremendously. Participating providers are required to accept the contracted payment and are not allowed to balance bill you. They also accept a lower reimbursement, meaning your annual maximum will last longer.
- If you or your dependent(s) have been diagnosed with a special health need, such as Down Syndrome, please reach out to HR. You may be eligible for additional preventive services.

Employee Contributions	Payroll Deduction (24 Pays)
Full Time Single Coverage	No Charge to Full Time Employees
Full Time Double Coverage	You are required to enroll in coverage per the Delta Dental contract.
Full Time Family Coverage	
Part Time Employees	Pro-rated based on FTE status



Vision with EyeMed

Vision coverage is available through EyeMed. EyeMed is a well recognized vision carrier with a strong network of providers.

Key Things to Know

- Your plan utilizes the EyeMed Insight Network.
- While your plan covers standard services, EyeMed offers discounts on lens options, additional pairs of glasses (including prescription sunglasses) and laser correction surgery.
- Progressive lenses, anti-reflective coating and scratch resistant coating are available to you at an additional cost.
- 20% off Non-prescription sunglasses
- Average 15% off regular price laser correction surgery, or 5% off promotional price at contracted facilities.
- 20% off remaining balance beyond plan coverage (in-network providers only)

EyeMed Benefit		Employee Contributions	Payroll Deduction (24 Pays)
Well Vision Exam	\$10 Copay Once Every 12 Months		
Materials	\$25 Copay (applies to lenses only) 40% off an additional pair of glasses		
Lenses	Single Vision, Lined Bifocal and Trifocal & Lenticular Standard Polycarbonate for Children Once Every 12 Months		
Frames	\$130 Allowance (+ 20% off remaining balance) Once Every 12 Months	Full Time Single Coverage	\$3.71
Contacts	\$0 Copay \$130 Allowance (+ 15% off conventional contact lenses) Once Every 12 Months	Full Time Double Coverage	\$7.05
		Full Time Family Coverage	\$10.35



Grand Traverse County self-administers vision reimbursement through the payroll process. This plan is available to full time employees at no additional cost. Regular part time employees are also eligible; however, they share in a portion of the premium.



Here's what you need to know about the WEconnect smartphone app.

1

WEconnect can be a powerful tool for anyone trying to make health lifestyle changes! Our 8+ daily meetings are open to anyone experiencing mental health, quality of life, and/or substance use concerns.

2

Match and connect with a certified Peer Support Specialist to receive 1-on-1 support relating to your mental and emotional health. When you need advice, support, or encouragement, you can always reach out to your Peer.

3

The app is completely anonymous. It simply offers customizable tools to help you stay engaged and on track with your unique goals. We will **never** share your information.

Questions?

Reach out to Michele at

michele@weconnectrecovery.com

Scan the code to learn more about the app!



Employee Assistance Program

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.

When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

EAP Benefits

As an employee, or eligible dependent, of your company your EAP benefits include:

- Access to EAP professionals 24 hours a day, seven days a week
- Information and referral service
- Service for employees and eligible dependents
- Robust network of licensed and/or certified mental health professionals
- Three face-to-face sessions with a counselor (per household per calendar year)
- Legal and financial resources
 - Online will preparation
 - Legal library and online forms
 - Financial tools & resources
- Resources for:
 - Work/life balance
 - Substance use
 - Dependent and Elder Care Resources
- Access to a library of educational articles, handouts and resources via **mutualofomaha.com/eap**

Highly Trained, Experienced EAP Staff

Our EAP staff members are all licensed, master's level Employee Assistance Professionals. They provide a solution-focused approach by assessing your situation and referring to the appropriate resources necessary.

What to Expect

When you call, you will speak directly to an EAP professional to receive immediate support and guidance.

You can entrust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is no cost to you for utilizing EAP services. If additional resources are needed, your EAP professional can assist by locating affordable solutions in your area.



EAP Consultation

Mutual of Omaha's Employee Assistance Program provides professional, confidential quality consultation, 24 hours a day.

**mutualofomaha.com/eap
1-800-316-2796**

Disability Insurance with Mutual of Omaha

Disability provides financial protection in the event you are unable to work due to illness or injury. You will receive a portion of your pay while you are out of work.

Short Term Disability		Long Term Disability	
Minimum Benefit	None	Minimum Benefit	\$100 / 10%
Percentage of Weekly pay	66.67%	Percentage of Monthly pay	60%
Max Benefit	\$3,500	Max Benefit	\$5,000
Benefits Start	Injury: 8 Days Illness: 8 Days	Benefits Start	180 Days
Benefits Duration	Up to 26 Weeks	Definition of Disability	24 Month Own Occupation
Pre-Existing Condition	None	Benefits Duration	Age 65, SSNRA, or 3.5 years Whichever is longest
		Pre-Existing Condition	Benefits are not payable for 12 months if you are diagnosed or treated within 3 months prior to the plan effective date

- Maternity is considered an illness and benefit payments begin on the 8th day for Short Term Disability. Your maternity benefit under the disability plan is not "maternity leave" and is in place for medical recovery following childbirth. Please refer to the Grand Traverse County policy, or HR, for details on maternity leave outside of your disability benefit.
- Benefits are subject to medical necessity and serve as financial support in the event you are ill or injured and unable to work. Medical documentation is required, and benefits end once it is determined you can return to work.
- If you receive other income while on disability, your disability benefits may be reduced.
- If you expect your disability to keep you from working for a significant amount of time that exceeds your Disability benefit, it is recommended you apply for Social Security Disability Income (SSDI) to provide continued income replacement on a long-term basis.
- Benefits are typically paid on a weekly basis for Short Term and on a monthly basis for Long Term. Special circumstances may apply for events such as childbirth.



Employer Paid Life and AD&D

Grand Traverse County provides a life insurance benefit to you, at no cost, administered by Mutual of Omaha. Please see Workday or Human Resources for more details.

Voluntary Life and AD&D

You also have the option to purchase life and accidental death and dismemberment insurance coverage for yourself, as well as your spouse and child. The voluntary portion of the plan is also administered by Mutual of Omaha.

Coverage	Employee	Spouse	Child
Minimum Election	\$10,000	\$5,000	\$5,000
Increments	\$10,000	\$5,000	\$5,000
Maximum Election	\$300,000 or 5x Annual Salary	\$50,000 or 100% of Employee Election	\$10,000 or 100% of Employee Election
Guaranteed Issue	\$150,000	\$30,000	\$10,000
Annual Buy Up	\$10,000	Not Applicable	Always Guaranteed

- Accidental Death & Dismemberment provides an additional benefit in the event you are seriously injured or die due to an accident.
- Make sure your beneficiary is up to date. In the event you pass away your life insurance will be paid to the beneficiary most recently noted in Workday.
- Spouse and Child life insurance benefits are always paid to the employee.
- If you end your employment with Grand Traverse County you have the option to continue your life insurance.
- Premium for the additional life insurance is based on the amount you purchase and your age. This can be viewed on the Mutual of Omaha benefit summary or calculated when enrolling in Workday.

Accident Coverage with Mutual of Omaha

Accident coverage provides a cash benefit if you are injured due to an accident. Employees can enroll themselves and their families, up to age 80 (age reduction applies), and includes an additional \$50 per person per calendar year benefit for those who have a health screening test performed. Coverage is available for accidents that occur on and off the job. A full summary of the benefits available to you is available in Workday. Examples include:

Sample Benefits include, but not limited to:	Employee
Emergency Treatment	\$150
Hospital Admission	\$1,000
Physician Follow-Up (up to 6 per accident)	\$75
Therapy Services (i.e.. PT— up to 6 per accident)	\$25
Urgent Care Center	\$100
Lacerations	\$25 to \$600
Wrist Fracture	\$450 or \$900

Employee Contributions	Payroll Deduction (24 Pays)
Single Coverage	\$7.22
Employee & Spouse Coverage	\$10.99
Employee & Child(ren) Coverage	\$13.65
Family Coverage	\$18.45

Critical Illness Coverage with Mutual of Omaha

Critical Illness coverage provides a lump-sum benefit payable for someone diagnosed with covered critical illnesses. A comprehensive list of covered critical illnesses can be found in Workday. There is also a “reoccurrence benefit” that provides a onetime payable benefit for a subsequent diagnosis of that same critical illness. The cost of the plan is determined by your age and the amount of coverage you purchase and will be calculated for you in Workday.

Covered Critical Illnesses include, but not limited to:	
Cancer	Heart Attack
Stroke	Coronary Artery Bypass Surgery
Cerebral Palsy (child)	Type 1 Diabetes (child)

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account is a pre-tax account funded through employee payroll deductions to cover the cost of dependent care. To qualify, the dependent care must be essential for you and your spouse to work, look for work, or attend school full time.

How a Dependent Care FSA (DCFSA) Works

1. With a DCFSA, you are able to make pre-tax payroll contributions to pay for dependent care expenses.
2. Determine the amount you would like to contribute for the year. **The maximum annual DCFSA election allowed is \$5,000 per household.** Any expenses exceeding \$5,000 can be claimed on your income tax filing.
3. Your annual DCFSA funds are not available upfront. Funds are only accessible as they are deposited with each payroll deduction.
4. Pay dependent care costs out-of-pocket, then submit expenses for reimbursement either through the HealthEquity member portal, or by using the DCFSA Reimbursement form. Recurring DCFSA claims can be scheduled for the duration of the plan year.
5. If you do not use all your DCFSA election within the year, you have a 2.5-month grace period that allows you to incur additional dependent care expenses for reimbursement. All reimbursements for expenses incurred in the current plan year and during the grace period must be submitted for reimbursement no later than 90 days after the end of the plan year. The plan year runs January through December. **Remember: if you don't use it, you lose it!**
6. You are locked into your election unless you experience a change in dependent care status.

Qualified Dependents

- Children under the age of 13
- A spouse who is physically or mentally unable to care for him/herself
- Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself

Eligible Expenses

- Babysitter inside or outside household
- Before and after school or extended day programs
- Custodial childcare or eldercare expenses
- Day camps
- Daycare centers and Nanny expenses
- Household employee whose services include care of a qualifying person
- Looking-for-work expenses
- Preschool or nursery school for pre-kindergarten
- Sick-child care center

DEFINED CONTRIBUTION FORMULA



Employer Contributions:

- Made pre-tax
- Not taxable until withdrawn from the plan
- May be subject to vesting

Employee Contributions:

- As required are pre-tax (federal and state)
- May be a set dollar amount or percentage of pay
- If a matching contribution is offered, you can make a **one-time** election of your contribution at the time of enrollment

My Contributions: _____

VESTING

Vesting is when you own the employer contributions and related earnings. Your employee contributions are always 100% vested and yours to keep. You vest based on one of the following ways elected by your employer:

- Service based on elapsed time
- Service earned based on hours reported
- Reaching automatic vesting age

Note: MERS to MERS Service and Act 88 – Reciprocal Retirement Act of 1961 may also help you vest. These may have eligibility requirements. Please see www.mersofmich.com or contact the MERS Service Center at 800.767.6377 for details.

My Vesting: _____

BENEFICIARIES

Your spouse is always your primary beneficiary and is entitled to 100% of benefits unless they waive this right in writing. If you are not married, or your spouse waives their rights, you can choose one or more persons as your primary or contingent beneficiary.

- Primary beneficiary is entitled to the remaining account balance in the event of your death
- Contingent beneficiary is entitled to receive the remaining account balance in the event of your death and primary beneficiary's death
- A trust, estate or any legal entity may be named as beneficiary

Make updates online!

Beneficiaries can be added, removed or updated at any time through your myMERS account at www.mersofmich.com.



MERS IRA

Interested in supplementing your defined contribution plan? The MERS IRA is a great way to build retirement security through tax-advantaged saving, with flexible withdrawals that can help you reach your other financial goals at the same time. For more information and an IRA application, visit www.mersofmich.com/ira.

ROLLOVERS

Consolidate Your Accounts

You may be able to roll over your money from qualified retirement plans. Benefits of rolling over outside accounts include:

- **Convenience** – Easier to track your investments and manage your account
- **Account Growth** – Our low-cost investments keep more of your money invested for retirement
- **Investment Options** – Access to select investment funds not available to the public
- **Tax Deferred** – Keeping your money invested means it will grow tax-deferred until you withdraw it
- **Access** – Funds transferred to your MERS account remain available according to the terms of your original plan

To roll in an outside account:

- Visit www.mersofmich.com/rollover for more information, eligible accounts and related forms.
- Contact your current provider to see if any paperwork is required to roll funds out of your account into MERS. If required, submit those forms to your provider.
- Complete and submit the appropriate MERS forms to roll funds into your MERS account.

RETIREMENT INFORMATION

Once your employer has reported your final contributions and enters your termination date, you can request distributions. All payments are taxable in the calendar year you receive the money. Additionally, you may start taking distribution from your plan at age 60 if you are actively employed.

Periodic Payment Options – Installments

Allows you to continue taking advantage of MERS' low fees

- Periodic payments can be made until the account is exhausted:
 - Monthly
 - Semi-annually
 - Quarterly
 - Annually
- If you terminate before the calendar year in which you turn 55 (age 50 for public safety employees), you may avoid paying the 10% early withdrawal penalty by taking substantially equal payments following the 72(t) IRS guidelines. For more information, please consult a tax advisor or visit www.irs.gov.

Apply online!



You may apply for periodic payments through your myMERS account at www.mersofmich.com.

Please note:

- Mandatory withholding for federal income taxes is also applied, unless you are eligible to opt out
- Voluntary after-tax contributions are not subject to the 20% withholding; however, the earnings on the after-tax contributions would be subject to the withholding
- You may receive information from *Alerus Financial*, which has partnered with MERS to provide trading, banking and custodial services.



Welcome to the myMERS app

- View account balance
- Access statements and tax forms
- Update beneficiaries
- Edit banking details
- Review contributions
- Calculate estimates
- And more

Scan
Me



Priority Health: Diabetes Care and Resources

Take Control of Your Health!

Is your WEIGHT impacting your health? Body Mass Index is used to indicate health risk. If you are in an OVERWEIGHT or OBESE category, you are at an elevated risk of developing Type 2 Diabetes.

Women

Overweight (BMI 25-29.9): 390% higher
Obese (BMI 30+): 1,240% higher

Men

Overweight (BMI 25-29.9): 240% higher
Obese (BMI 30+): 670% higher

Obese Class III patients lose between 6.5 and 13.7 years of life depending on BMI.

Take the time to answer these simple questions to find out if you are at a high risk for developing diabetes. To determine your level of risk, add the number of points in the parentheses for every “yes” answer.

- Do you have a parent with diabetes? **(+1)**
- Do you have a sibling with diabetes? **(+1)**
- Are you a woman who has ever given birth to a baby weighing over 9 pounds? **(+1)**
- According to the chart below, do you weigh too much for your height? **(+5)**
- Are you younger than 65, but get little to no daily exercise? **(+5)**
- Are you between 45 and 65 years of age? **(+5)**
- Are you 65 or older? **(+9)**

Height	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
Weight	128	132	137	142	146	151	156	161	166	171	176	181	187	192	198	203	209	215	220

If you accumulated **10 or more points** you could be at significant risk of developing prediabetes, a pre-cursor to diabetes marked by higher-than-normal blood sugar levels. It is important that you speak with your health care provider about your unique medical situation so you can begin taking preventive steps.

Omada Pre-Diabetes and Diabetes Risk Management

You can improve your health and your life with **Omada's FREE diabetes prevention program**. It's sponsored by Priority Health and free to you and any other adults enrolled in your medical plan. Omada is a proven program for helping individual reduce their risk of developing Type 2 Diabetes by up to 71%!! **You are eligible to participate if you have a BMI over 25 and have been diagnosed with pre-diabetes or are considered at-risk for developing diabetes.**

To join, go to omadahealth.com/priorityhealth.

TelaDoc Diabetes Management

TelaDoc offers a no-cost solution for managing type 2 diabetes to help lower A1c and improve overall health. The program includes personalized one-on-one coaching, a digital glucose monitor, and lifestyle, nutrition, exercise and emotional health monitoring tools. The TelaDoc app is intuitive and user friendly, keeping your diabetes management in one easy to manage location.

Priority Health: Tools and Resources

Registering for your Priority Health Member Account

Your Priority Health member account keeps your health care information securely in one place. Check your coverage, out-of-pocket balance, claims, ID card and more from your computer, smartphone or tablet. Download the Priority health app from the App Store or Google Play. Or you can go to member.priorityhealth.com to sign up and view your personalized health insurance information anytime, anywhere.

Virtual Care

Virtual care is a fast, convenient and affordable way to see a licensed doctor for non-emergencies, saving you and your family money. In-network virtual care is available 24/7 for select services with participating virtual care providers. Why choose virtual care?

High Cost

\$\$\$\$

Emergency Care

When considering the emergency room, make sure you are experiencing a true emergency and not something that can be handled through urgent care. Emergency room visits are very expensive and wait times are typically significant.

Urgent Care

Look to urgent care centers for things like stitches or staples, significant pain or a sprain. Urgent care is a great blend of primary and emergency care for a lower cost alternative to the emergency room.

Primary Care Visit

If you prefer speaking with someone in person, always check with your primary care physician (PCP). You'll need to follow up with your PCP following an urgent care or emergency room visits, so why not start there!

Low Cost

\$

Corewell Health Virtual Visit

Online visits are available 24 hours a day, 7 days a week, 365 days a year. Online visits make small visits to the doctor's office easy and convenient. You can speak with a local physician on the phone or video message without leaving home or work. The provider you speak with can prescribe medications and will call your pharmacy of choice. If the physician cannot treat you and refers you elsewhere, you will not be charged.

Finding an In-Network Provider

The Find a Doctor tool allows you to search for in-network providers and facilities by name, location and specialty. If someone enrolled in your plan resides out of state, you'll use the same steps to find a Cigna provider. Here's how:

- Log in to your Priority Health member account online or through the app
- Select My Health Care
- Select Find a Doctor Tool
- Search by name, specialty or location

Priority Health: Tools and Resources

2ndMD

Whether you're looking for reassurance about an upcoming treatment or alternatives to a current care plan, 2nd.MD is available to help with a second medical opinion from a leading specialist, ready in days rather than weeks. Available on certain select diagnoses, scheduled procedures and surgeries, 2nd.MD is a nationwide service offering a third-party specialist review of treatment for qualifying diagnoses and procedures. If you qualify, 2nd.MD providers will reach out to you and partner with you to review upcoming treatment plans and schedule a virtual consultation.

Care Management

Priority's care management program gives you access to licensed professionals, who can help you create health goals and a "game plan" to improve your health.

Priority Health Cost Estimator and Rewards

The Priority Health Cost Estimator tool shows estimated out-of-pocket costs for hundreds of procedures and services. It also shows you how costs vary by location. Priority Health provides cash rewards, referred to as PriorityRewards, when you choose a lower-cost, high-quality facility for select services. Rewards are mailed after your claim is processed and are loaded onto a Health Equity Visa gift card. Rewards range from \$50 to \$200. **You also have the option to call Priority Health customer service for Cost Estimator and PriorityRewards assistance.**

Why shop for care? Noted are examples of price variations. These are examples only and should not be used to estimate out-of-pocket costs. Log into the Priority Health member portal or call Priority Health customer service for estimates.

Procedure	Facility 1	Facility 2
Spine MRI	\$820	\$531
Knee Replacement	\$24,737	\$19,251
Knee Arthroscopy	\$6,285	\$2,914
Ear Tube Placement	\$3,038	\$1,679

Priority Health Approved Drug List

The easiest way to see if your plan covers your prescriptions, and how they will be covered, is to check the approved drug list. You can find the approved drug list on Priority Health's website.

- Go to priorityhealth.com/formulary/employer
- Check the back of your ID card to see if you have the traditional or optimized formulary and select the appropriate list
- Search for medications alphabetically by name or therapeutic class. For example: Antihistamines
- You may also reference the Chronic Condition Prescription Drug Rider list under Additional Coverage on the right side of the screen. **This list outlines drugs covered at the applicable copay before deductible.**

Mail Order with Express Scripts

Save time and money with ongoing maintenance medications by enrolling in Priority Health's mail order service, available through Express Scripts. Once enrolled, your prescription drugs are automatically mailed to you when you're ready for your next fill.

Priority Health: Tools and Resources



TelaDoc Mental Health

Priority Health benefits include free, 24/7 behavioral health assistance. Whether you are seeking treatment or simply searching for more information, customer service can refer you directly to Priority Health's behavioral health team to help with situations like emotional distress, depression, support related to substance use, and overall mental health issues. Priority Health also has a range of digital resources available for you, including virtual care for behavioral health and TelaDoc Mental Health, a mental wellness tool with activities to manage stress and bolster mental health.

TruHearing

Heard about Priority's hearing discount program? Priority Health members and their families have access to discounts on hearing exams and hearing aids through their partnership with TruHearing.

PriorityMOM

Priority Health's maternity management program, PriorityMOM, is designed to help moms and families navigate health care costs and coverage throughout pregnancy and beyond. The goal is to promote healthier pregnancies and reduce the cost of maternity care, pre-term births, and post-partum readmissions.

PriorityBABY

Priority Health's program designed to support children and their caregivers during a child's first two years and includes health care information, gifts and incentives. The program's goals are to promote essential preventive care, promote physical and mental wellbeing for mom and other caregivers, and provide parents and caregivers essential resources.

Wellbeing Hub

Priority Health knows that healthy living goes beyond doctor visits. That's why they offer no-cost access to their Wellbeing Hub, a personalized online solution that offers useful information, tools, programs and activities to help you monitor and improve your health and wellbeing.

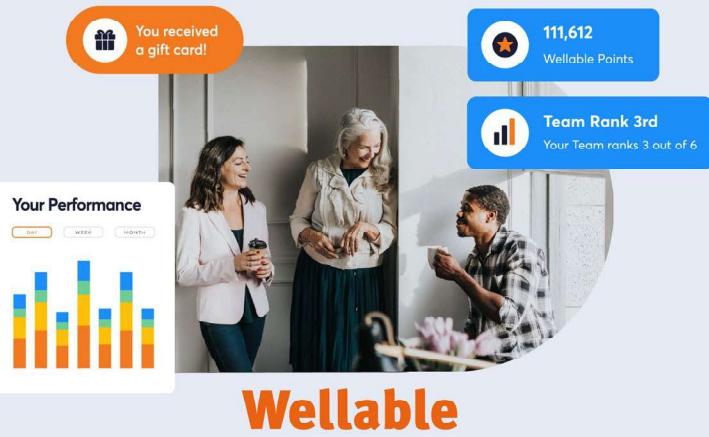
Active&Fit Direct

The Active&Fit Direct program makes it easy to for you to get moving. An online directory offers over 250 fitness centers in Michigan and more than 9,000 nationwide. You can participate for \$28/month (+ \$28 enrollment fee and tax).

BenefitHub

BenefitHub offers deals on travel, restaurants, shopping, family care, car rentals and more through an easy-to-use online marketplace. It provides exclusive offers, cash back, and discounted gift cards to businesses and brands tailored to where you live.

WHY JOIN WELLABLE?



Engage in a healthy lifestyle by participating in Wellable!

Check out the great offerings at your fingertips by visiting

app.wellable.co/grandtraversecounty

or download Wellable in your mobile app store to get started!

- **Themed challenges with prizes**
- **Monthly Holistic Webinars**
- **Health Tips**
- **Physical activity tracking with leading apps (Fitbit, Apple Health, etc)**
- **On-Demand Classes (fitness, mindfulness, self-care, etc)**
- **Meal Planning Resources**
- **Nutrition tracking with leading apps (Fitbit, MyFitnessPal, Fat Secret)**
- **Individual performance metrics**
- **Live Leaderboard**



Questions? Contact: wellness@gtcountymi.gov or support@wellable.co

2025 Payroll & Holiday Calendar

Pay Date
Holiday

January						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
S	M	T	W	T	F	S
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16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
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23	24	25	26	27	28	29
30	31					

April						
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27	28	29	30	31		

May						
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

June						
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29	30					

July						
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27	28	29	30	31		

August						
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31						

September						
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28	29	30				

October						
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November						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29

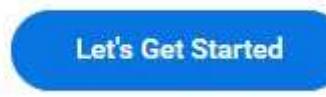
December						
S	M	T	W	T	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Holidays:

January 1	New Year's Day	November 11	Veteran's Day
February 17	President's Day	November 27	Thanksgiving
April 18	Good Friday	November 28	Day after Thanksgiving
May 26	Memorial Day	December 24	Christmas Eve
July 4	Independence Day	December 25	Christmas
September 1	Labor Day	December 31	New Year's Eve

Enrolling for Benefits in Workday

1. Sign in – Username is email address; password is your Windows login.
2. Click on **Task** – Elect your benefits under **Awaiting Your Action** on left side of screen.



3. Click on
4. Answer the Tobacco Use question & press **Continue**.
5. Starting from the upper left on **Medical**, go through each tab and select your coverage.

Projected Total Cost Per Paycheck
\$0.00

Health Care and Accounts

 Medical Waived	 Medical - Payment in Lieu GTC	 Dental Delta Dental DPO Dental
Enroll	Cost per paycheck Coverage Manage	Included I have waived Medical Coverage Manage
 Vision	 Vision Reimbursement	 Accident

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input type="radio"/> Waive	Priority Health HDHP	\$42.56	\$170.26

After each selection, you will press confirm continue.

and

6. The **HSA Eligibility question must be answered**; if you are eligible for payment in lieu of medical coverage, you will waive this benefit. If not, then check select and answer the next question for HSA eligible or HSA ineligible.

Select a plan or Waive to opt out of H.S.A. Eligibility. The displayed cost of waived plans assumes coverage for Employee Only.

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	GTC Please select to confirm your H.S.A. eligibility.	Included	\$0.00

Coverage

Plan cost per paycheck

Search

I am eligible for the HSA
 I am not eligible for the HSA - Single Coverage
 I am not eligible for the HSA - Double/Family Coverage

7. Once you have made your selection for each benefit type, click **review and sign** at the bottom left side of page.
8. The Summary page will appear with the total cost per paycheck.
9. **You must scroll to the bottom of the page** and click on the **I Accept** box and submit for review.
10. It will bring you to the **Submitted page** with a View Benefits tab which provides the begin coverage dates and the employee and employer's costs for the selected benefits, and which benefits are waived.

Elected Coverages: 5 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employer Contribution (Biweekly)
Medical - Payment in Lieu - GTC	10/01/2022	10/01/2022	I have waived Medical Coverage			
Dental - Delta Dental DPO Dental	10/01/2022	10/01/2022	Employee Only			\$18.77
Vision Reimbursement - Grand Traverse	09/28/2022	09/28/2022	Employee Only			\$1.22

Notes

Carrier Contact Information

Line of Coverage	Carrier	Phone & Website
Medical and Pharmacy	Priority Health	800-942-0954 www.priorityhealth.com
Health Savings Account Dependent Care FSA	Health Equity	866-346-5800 www.healthequity.com
Dental	Delta Dental	800-524-0149 www.deltadental.com
Vision	EyeMed	888-581-3648 www.eyemed.com
Life and AD&D, STD, LTD, Accident & Critical Illness	Mutual of Omaha	800-228-7104 www.mutualofomaha.com
Substance Misuse Support	WEconnect	michele@weconnectrecovery.com
Employee Assistance Program	Mutual of Omaha	800-316-2796 mutualofomaha.com/eap
Benefits Consultants	Advantage Benefits Group	Main: 616-458-3597 Jennifer Petterson Benefits Specialist jpetterson@advantageben.com Nikole Warner Medical, HSA/FSA Account Manager nwarner@advantageben.com Kelsey Curtis Ancillary Account Manager kcurtis@advantageben.com