GlidePath®

Michigan’s premier private health exchange

Control health care costs • Give your employees more choice • Increase employee engagement
We know that a private exchange may seem complicated. Don’t worry. This toolkit will give you the information you need to determine if GlidePath is right for your company.
What is a private exchange?
A private exchange is an online marketplace, run by a private company, where consumers can compare, choose and buy health insurance. GlidePath is a private exchange operated by Blue Cross Blue Shield of Michigan.

Understanding Blue Cross’ private exchange solution
GlidePath creates an online shopping experience for employees that includes decision-support tools, benefit administration assistance and a variety of benefit options.

How GlidePath works

SELECT BENEFIT MENU
A GlidePath consultant helps you assess your current benefit offering and select the right product offerings for your employees.

ESTABLISH BUDGET
With the help of your GlidePath consultant, you decide on a benefits budget. This is your defined contribution.

ALLOCATE FUNDS
You deposit pre-tax dollars into a notional GlidePath benefits spending account for each employee.

SHOP FOR BENEFITS
With the help of GlidePath’s online tools and advisors, employees are supported and empowered to select health benefits.

Growing interest
It’s no secret that private exchanges are growing in popularity. Companies across the country are turning to private exchanges as a way to control health care costs. In fact, **one in three employers** plans to move to a private exchange within the next few years.
The GlidePath® advantage

Predictable costs

• You can set and manage your benefits budget through defined contribution.
• You limit financial risk by allocating an allowance to employees for the purchase of health care benefits.

Eased administration

• We take the pressure off your human resources department by offering employees one-on-one support during and after enrollment.
• We provide robust employer reporting to keep you updated on key employee activity.

Health-care-savvy employees

• Ninety-three percent of members with GlidePath coverage have a better understanding of their employers’ contribution to their health benefits.
• Seventy-nine percent of members with GlidePath standard menu products have enrolled in health plans with deductibles of $1,000 or more, with 30 percent enrolled in a plan with a health savings account.

More choice

• A variety of plan options and three network options are available with GlidePath’s standard menu, allowing you to give employees the flexibility of choosing a plan that fits their financial and health needs.
• Employees can control their take-home pay through the benefit choices they make.

More support

• Online decision-support tools help employees with benefits selection.
• Employees can receive one-on-one assistance by phone from GlidePath advisors during enrollment.
• Once enrolled, employees can receive help navigating the health care system with our Health Advocate™ service.

More engagement

• By taking more responsibility for their benefit choices, employees understand costs, value their benefits and learn to become better health care consumers.

What’s in it for EMPLOYERS?

What’s in it for EMPLOYEES?
Protection beyond medical insurance

Expand your Blue Cross or Blue Care Network medical coverage with specialty benefits available through LifeSecure® Insurance Company and Dearborn National® Life Insurance Company.

A flexible and affordable portfolio of group (employer-paid) and voluntary (employee-paid) insurance solutions are available to complement your medical coverage offerings including accident, hospital recovery, life, critical illness and disability insurance.

Next steps

Now that you have the basics, it's time to dig a little deeper. Check the pocket at the back of this toolkit to find:

- **2017 medical product standard menu:** Outlines GlidePath medical coverage options, including prescription drugs
- **2017 Blue Dental™ and Blue Vision™ product standard menu:** Outlines GlidePath dental and vision group (employer-paid) and voluntary (employee-paid) coverage options
- **Specialty benefits standard menu:** Outlines specialty benefits available with GlidePath coverage including accident, hospital recovery, life, critical illness and disability insurance
- **Frequently asked questions:** Answers common question about GlidePath coverage
- **What to expect:** Outlines next steps for enrolling in GlidePath coverage
If you have questions, contact your Blue Cross sales representative or contracted agent.

VISIT GLIDEPATHBENEFITS.COM TO LEARN MORE ABOUT GLIDEPATH.
GlidePath®
Michigan’s premier private health exchange

2017 medical product standard menu
Including prescription drugs

GlidePath medical menus offer your employees a variety of coverage options, allowing them to select a plan that best fits their individual needs, family situation and budget. That means if they’re looking for comprehensive coverage, we’ve got it. But if they’re looking for something that costs less, we’ve got that too. No more “one size fits all.” Even better, all options offer:

- Medical benefits from a name you trust
- Preventive services
- Prescription drugs
- A large network of doctors and hospitals
- Easy health plan management for members at bcbsm.com

Custom-mix your menu

Employers that offer GlidePath standard coverage options have told us how much they value the ease and convenience of the integrated menu. But we also recognize that some employers need additional product flexibility. That’s why employers with 100 or more eligible employees can now customize their medical, vision and dental plan offerings. If you’re interested in customizing your menu, work with your sales representative or agent to make sure your requested benefits can be customized. Plan offerings are subject to product and underwriting guidelines.
Here’s how it works

**Step 1: Choose a medical menu**
Select Menu A or Menu B to offer your employees. You can choose to offer Simply Blue℠ PPO, HMO or a combination of both. If you select Menu A, PPO only or HMO only, you may add optional routine care.

- **Menu A:** Offers more paycheck-friendly plans for employees with greater out-of-pocket expense

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Embedded coinsurance maximum</th>
<th>Out-of-pocket maximum</th>
<th>Copayment Primary care physician/ Specialist/Urgent care/Emergency room</th>
<th>Special features</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>20%</td>
<td>$2,500</td>
<td>$6,350</td>
<td>$30/$50/$60/$150</td>
<td>N/A</td>
</tr>
<tr>
<td>$1,300</td>
<td>20%</td>
<td>N/A</td>
<td>$2,250</td>
<td>N/A</td>
<td>HSA eligible</td>
</tr>
<tr>
<td>$2,500</td>
<td>20%</td>
<td>$2,500</td>
<td>$6,350</td>
<td>$30/$50/$60/$150</td>
<td>N/A</td>
</tr>
<tr>
<td>$3,000</td>
<td>20%</td>
<td>N/A</td>
<td>$4,000</td>
<td>$30/$50/$60/$150</td>
<td>HSA eligible</td>
</tr>
<tr>
<td>$4,000</td>
<td>30%</td>
<td>N/A</td>
<td>$6,350</td>
<td>$30/$50/$60/$150</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Menu A Routine Care** (optional add-on with selection of Menu A PPO only or HMO only)

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Embedded coinsurance maximum</th>
<th>Out-of-pocket maximum</th>
<th>Copayment Primary care physician/ Specialist/Urgent care/Emergency room</th>
<th>Special features</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500</td>
<td>20%</td>
<td>$2,500</td>
<td>$6,600</td>
<td>$30/ded+coin</td>
<td>Routine care</td>
</tr>
<tr>
<td>$4,000</td>
<td>30%</td>
<td>N/A</td>
<td>$6,600</td>
<td>$40/ded+coin</td>
<td>Routine care</td>
</tr>
</tbody>
</table>

*Note:* The Routine Care add-on option is available at an employer’s discretion. It is not available with Menu B plans, local networks plans or combined PPO and HMO plan offerings.

- **Menu A Minimum Value Plan:** Covers at least 60 percent of the total allowed cost of benefits that are expected to be incurred under the plan.

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Embedded coinsurance maximum</th>
<th>Out-of-pocket maximum</th>
<th>Copayment Primary care physician/ Specialist/Urgent care/Emergency room</th>
<th>Special features</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,000</td>
<td>50%</td>
<td>N/A</td>
<td>$6,350</td>
<td>ded+coin</td>
<td>HSA eligible</td>
</tr>
</tbody>
</table>

*Note:* A minimum value plan is an optional add-on available at an employer’s discretion. This option is available to employers selecting Menu A PPO and/or HMO or local network plans. Minimum value plans are not available with routine care or Menu B plans.

- **Menu B:** Offers more out-of-pocket-friendly plans for employees with greater paycheck costs throughout the year

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Embedded coinsurance maximum</th>
<th>Out-of-pocket maximum</th>
<th>Copayment Primary care physician/ Specialist/Urgent care/Emergency room</th>
<th>Special features</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>20%</td>
<td>$1,500</td>
<td>$6,350</td>
<td>$20/$40/$60/$150</td>
<td>N/A</td>
</tr>
<tr>
<td>$500</td>
<td>20%</td>
<td>$1,500</td>
<td>$6,350</td>
<td>$20/$40/$60/$150</td>
<td>N/A</td>
</tr>
<tr>
<td>$1,000</td>
<td>20%</td>
<td>$2,500</td>
<td>$6,350</td>
<td>$30/$50/$60/$150</td>
<td>N/A</td>
</tr>
<tr>
<td>$1,300</td>
<td>20%</td>
<td>N/A</td>
<td>$2,250</td>
<td>N/A</td>
<td>HSA eligible</td>
</tr>
<tr>
<td>$2,000</td>
<td>0%</td>
<td>N/A</td>
<td>$3,000</td>
<td>N/A</td>
<td>HSA eligible</td>
</tr>
</tbody>
</table>
**Step 2: Choose a network**
Select a provider network for the product menu you choose. You may select:

- **PPO Network**
  - Broad network of doctors and hospitals
  - Coverage in and out of network
  - Pay more outside the network
  - No referral needed to see a specialist

- **HMO Broad Network**
  - Largest HMO network in Michigan
  - Employee must choose a primary care physician, or PCP
  - PCP coordinates care and provides referrals to specialists
  - Except for emergency services, care outside the HMO network must be authorized

- **HMO Local Network**
  - Access to a network of doctors and hospitals within certain communities, and to BCN’s broad HMO network when approved by a PCP
  - Employee must choose a PCP
  - PCP coordinates care and provides referrals to specialists
  - Except for emergency services, care outside the local network must be authorized

*Note:* You may choose to offer your employees a combination of PPO, HMO broad and HMO local networks. However, PPO cannot be offered with local networks alone. If the HMO local network is selected, the HMO broad network must be offered as well.

**Step 3: Choose a prescription drug option**
Select prescription drug option A, B or Routine Care. The selected option will be embedded across the selected medical plan menu. If the routine care optional medical add-on is chosen, the routine care prescription drug option will embedded across the medical plans.

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>HMO (broad and local networks)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copayment or coinsurance</strong></td>
<td>$15/$50/$50%/20%/25%</td>
<td>$4/$15/$40/$80/20%/20%</td>
</tr>
<tr>
<td><strong>Option A</strong></td>
<td>$10/$40/$80</td>
<td>$10/$40/$80</td>
</tr>
<tr>
<td><strong>Routine care</strong></td>
<td>$10/ded+$40/ded+$80</td>
<td>$6/$25/ded+$60/ded+$80/ded+20%/ded+20% (not available for local network plans)</td>
</tr>
<tr>
<td><strong>Minimum value</strong></td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>
1HMO plan urgent care copays are the same as HMO plan specialist visit copays.

2The BCN HSA HMO 1300 out-of-pocket maximum is $2,300.

3HSA 3000 plan is an embedded plan design for both BCBSM and BCN

4The employer group must be headquartered or have a facility in one of the six counties where the local network products are offered. Employees must live within the local network region in order to select a local network plan.

5Routine care is an optional add-on for Menu A only and is available to employers selecting either a PPO-only or HMO-only menu, not both. The add-on allows a flat-dollar copay for office visits and generic drugs without a deductible or coinsurance. All other services are subject to a deductible and coinsurance. If an employer adds Routine Care PPO or HMO, these plans have a designated prescription drug plan that will apply to both routine care plans. Routine care is not available for local network products.
Studies show that dentists and eye doctors can be the first to identify signs of more than 120 serious health conditions, including diabetes, hypertension and heart disease, during routine exams. Identifying these conditions early may prevent them from getting worse — keeping your employees healthier and more productive.

Blue Cross Blue Shield of Michigan and Blue Care Network offer a variety of dental and vision plans to complement your GlidePath medical coverage to help improve the overall health of your employees.
Blue Dental product menu

Decide if you want to pay for your employees’ dental coverage or require them to pay for most or all of it. If you pay for it, you can choose more than one of the employer-paid options below and let your employees select a plan during open enrollment. If you choose to have your employees pay for coverage, you must choose one voluntary plan to offer during open enrollment.

### Employer-paid Blue Dental plans

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Deductible</th>
<th>Annual maximum</th>
<th>Class I – Diagnostic and preventive services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; PPO Plus 100/80/50</td>
<td>$50 single</td>
<td>$500</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; PPO 100/80/50 (50/50/40)</td>
<td>$0</td>
<td>$1,200</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>$50 single</td>
<td></td>
<td>Covered at 50%</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; EPO 100/80/50</td>
<td>$50 single</td>
<td>$1,000</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td></td>
<td>Covered at 50%</td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; PPO Plus 50/50/50</td>
<td>$25 single</td>
<td>$800</td>
<td>Covered at 50%</td>
</tr>
<tr>
<td></td>
<td>$75 family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Voluntary (employee-paid) Blue Dental plans

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Deductible</th>
<th>Annual maximum</th>
<th>Class I – Diagnostic and preventive services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; PPO Plus 100/80/50 Voluntary</td>
<td>$50 single</td>
<td>$1,000</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; PPO 100/80/50 (80/50/40) Voluntary</td>
<td>$0</td>
<td>$1,250</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>$50 single</td>
<td></td>
<td>Covered at 80%</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; EPO 100/80/50 Voluntary</td>
<td>$0</td>
<td>$1,000</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Blue Dental&lt;sup&gt;SM&lt;/sup&gt; PPO 50/50/50 Voluntary</td>
<td>$50 single</td>
<td>$800</td>
<td>Covered at 50%</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup>Orthodontic coverage is optional. If you choose to purchase orthodontic coverage, you must offer it for all plans.

<sup>2</sup>Employees must be enrolled for 12 months before Class III and Class IV services will be covered. Root canals and extractions of non-impacted teeth aren’t subject to the Class III waiting period.
Decide if you want to pay for your employees' dental coverage or require them to pay for most or all of it. If you pay for it, you can choose more than one of the employer-paid options below and let your employees select a plan during open enrollment. If you choose to have your employees pay for coverage, you must choose one voluntary plan to offer during open enrollment.

### Employer-paid Blue Dental plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Deductible</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I – Diagnostic and Preventive Services</td>
<td>PPO: 100%</td>
<td>Non-PPO: 80%</td>
</tr>
<tr>
<td>Class II – Basic services</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Class III – Major services</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Class IV – Orthodontic services</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Orthodontic lifetime maximum</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
</tbody>
</table>

- **Blue DentalSM PPO Plus**
  - 100/80/50
  - PPO: $50 single
  - Non-PPO: $150 family
  - Annual maximum: $1,000
  - Covered at 100% for Class I, 80% for Class II, 50% for Class III, and 50% for Class IV.

- **Blue DentalSM PPO**
  - 100/80/50
  - PPO: $0 single
  - Non-PPO: $50 family
  - Annual maximum: $1,200
  - Covered at 100% for Class I, 80% for Class II, 50% for Class III, and 50% for Class IV.

- **Blue DentalSM EPO**
  - 100/80/50
  - PPO: $50 single
  - Non-PPO: Not covered
  - Annual maximum: $1,000
  - Covered at 100% for Class I, 80% for Class II, and 50% for Class III.

### Voluntary (employee-paid) Blue Dental plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Deductible</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I – Diagnostic and Preventive Services</td>
<td>PPO: 100%</td>
<td>Non-PPO: 80%</td>
</tr>
<tr>
<td>Class II – Basic services</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Class III – Major services</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Class IV – Orthodontic services</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Orthodontic lifetime maximum</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
</tbody>
</table>

- **Blue DentalSM PPO Plus**
  - 100/80/50
  - PPO: $50 single
  - Non-PPO: $150 family
  - Annual maximum: $1,000
  - Covered at 100% for Class I, 80% for Class II, 50% for Class III, and 50% for Class IV.

- **Blue DentalSM PPO**
  - 100/80/50
  - PPO: $0 single
  - Non-PPO: $50 family
  - Annual maximum: $1,250
  - Covered at 100% for Class I, 80% for Class II, 50% for Class III, and 40% for Class IV.

- **Blue DentalSM EPO**
  - 100/80/50
  - PPO: $0 single
  - Non-PPO: Not covered
  - Annual maximum: $1,000
  - Covered at 100% for Class I, 80% for Class II, and 50% for Class III.

- **Blue DentalSM PPO**
  - 50/50/50
  - PPO: $50 single
  - Non-PPO: Not covered
  - Annual maximum: $800
  - Covered at 50% for Class I, 50% for Class II, and 50% for Class III.

---

1 Orthodontic coverage is optional. If you choose to purchase orthodontic coverage, you must offer it for all plans.

2 Employees must be enrolled for 12 months before Class III and Class IV services will be covered. Root canals and extractions of non-impacted teeth aren't subject to the Class III waiting period.
Blue Vision product menu

Decide if you want to pay for your employees’ vision coverage or require them to pay for most or all of it. If you pay for it, you can choose both employer-paid options below and let your employees choose one during open enrollment. If you choose to have your employees pay for coverage, you must choose one voluntary plan to offer during open enrollment.

### Employer-paid Blue Vision plans

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exam</td>
</tr>
<tr>
<td>Blue Vision 12-12-12&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>Covered once every 12 months with a $5 copayment</td>
</tr>
<tr>
<td>Blue Vision 12-24-24&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>Covered once every 12 months with a $10 copayment</td>
</tr>
</tbody>
</table>

### Voluntary (employee-paid) Blue Vision plans

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exam</td>
</tr>
<tr>
<td>Blue Vision 12-12-12&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>Covered once every 12 months with a $10 copayment</td>
</tr>
<tr>
<td>Blue Vision 12-12-24&lt;sup&gt;SM&lt;/sup&gt;</td>
<td>Covered once every 12 months with a $10 copayment</td>
</tr>
</tbody>
</table>
The benefits you offer can be an important factor in attracting and keeping good employees. That’s why, in addition to your Blue Cross Blue Shield of Michigan or Blue Care Network medical coverage, we offer even more benefit options through LifeSecure Insurance Company and Dearborn National® Life Insurance Company.

LifeSecure offers a variety of insurance options to help offset health-related financial risks for you and your employees. Hospital recovery and accident insurance are available to your employees through GlidePath on a voluntary basis.

<table>
<thead>
<tr>
<th>Voluntary (employee-paid)</th>
<th>Description</th>
<th>Options</th>
<th>Key features</th>
</tr>
</thead>
</table>
| Hospital Recovery         | Pays a cash benefit to help with costs related to rehabilitative services and assistance needed following a hospital stay | Employees can choose between two options:  
  - Option 1  
    $200 daily benefit amount  
    $6,000 annual benefit bank  
  - Option 2:  
    $300 daily benefit amount  
    $9,000 annual benefit bank | • Provides a cash benefit that’s determined by the daily benefit amount times the number of days of inpatient hospitalization with a maximum of 30 days per year, per covered person  
• Available for employee; employee and spouse (or partner); employee and children; and employee, spouse (or partner) and children  
• Guarantee issue through age 65  
• Simplified issue for ages 66 through 75 |
| Accident                  | Provides reimbursement for qualified medical and recovery expenses resulting from an accidental injury, up to the employee’s benefit bank amount | Employees can choose between three options:  
  - Option 1  
    $5,000 annual benefit bank  
    $100 deductible (individual)  
    $200 deductible (family)  
  - Option 2:  
    $10,000 annual benefit bank  
    $100 deductible (individual)  
    $200 deductible (family)  
  - Option 3:  
    $15,000 annual benefit bank  
    $100 deductible (individual)  
    $200 deductible (family) | • Benefit payout can be used for anything needed during recovery, such as help with bills, rehabilitation, meals, transportation, child care or any other financial need  
• Available for employee; employee and spouse (or partner); employee and children; and employee, spouse (or partner) and children  
• Guarantee issue through age 74 |
Dearborn National provides a broad spectrum of insurance products. Life, accidental death and dismemberment, short-term disability, long-term disability and critical illness insurance options are available with your GlidePath coverage. You may choose to offer employer-paid or voluntary options.

<table>
<thead>
<tr>
<th>Description</th>
<th>Options</th>
<th>Key features</th>
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| **Group Term Life Insurance and Accidental Death and Dismemberment** | Available in Basic (employer paid) or Voluntary (employee paid) | **Group Term Life includes:**  
- Waiver of premium  
- Accelerated death benefit  
- Portability (on voluntary only)  
- Conversion  
- Beneficiary Resource Services™ (available to groups with 50 or more insured)  
- Travel Resource Services™ (available to groups with 50 or more insured)  
**Accidental Death and Dismemberment Benefits Include:**  
- Seat belt benefit  
- Air bag benefit  
- Repatriation benefit  
- Education benefit |
| Group Term Life Insurance helps give your employees peace of mind in knowing that their family’s future is protected and their final wishes will be carried out without burdening loved ones. Life insurance benefits can help cover the costs of personal debts, medical bills and other expenses incurred by the insured or beneficiary. | **Basic Life**  
- Flat dollar or multiple of salary plans available  
**Voluntary Life**  
- Incremental selection (in $5,000 increments up to $500,000) or multiple of salary plans (in increments of half an annual salary up to five times salary) available  
- Dependent coverage:  
  - Spouse: Incremental selection or multiple of salary plans, not to exceed 50% of employee benefit  
  - Child: Incremental selection ($2,000 increments up to $10,000)  
- Choice of three reduction schedules  
- Accidental Death and Dismemberment matches life insurance benefit amount and reduction schedule |  |
| **Group Short-Term Disability** | Available in Basic (employer paid) or Voluntary (employee paid) | **Voluntary Short-Term Disability plans are subject to a 12/12 pre-existing condition limitation** |
| Group Short-Term Disability plans pay a percentage of the employee’s salary to be used as income replacement when a nonoccupational sickness or injury prevents an employee from working full time. An accident, illness or pregnancy can affect an individual’s ability to earn a living, and short-term disability plans can help replace some of the lost income. The goal is to help the employee stay afloat financially while he or she is out of work. | **Basic Life**  
- Multiple of salary plans of 50%, 60% or 66 2/3%  
- Weekly maximums up to $1,500 choice of four elimination periods:  
  - 0/7  
  - 7/7  
  - 14/14  
  - 30/30  
- Durations of:  
  - 13 weeks  
  - 26 weeks  
  - 52 weeks |  |
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<th>Description</th>
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<th>Key features</th>
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| **Group Long-Term Disability** | Available in Basic (employer paid) or Voluntary (employee paid)  
• Multiple of salary plans of 50%, 60% or 66 2/3%  
• Monthly maximum up to $10,000  
• Elimination period:  
  — 90 days  
  — 180 days  
• Durations of:  
  — Social Security normal retirement age  
  — 2 years  
  — 5 years  
• 24 month own occupation period | • Employer paid Long-Term Disability plans are subject to 3/12 pre-existing condition limitation  
• Voluntary Long-Term Disability plans are subject to a 12/24 pre-existing condition limitation  
• Disability Resource Services™ (available to groups with 10 or more insured) |
| **Group Critical Illness** | Available in Basic (employer paid) or Voluntary (employee paid)  
| | Employer-paid benefit for employee-only coverage  
| | Voluntary employee-paid benefits for employee, spouse and children  
**Benefit Amounts:**  
• 50 to 150 eligible employees:  
  Employee amounts $5,000 to $10,000  
  Dependent amounts $2,500 to $5,000  
• 151 or more eligible employees:  
  Employee amounts $5,000 to $20,000  
  Dependent amounts $2,500 - $10,000  
**Optional wellness benefit**  
Pays a cash benefit if the employee or a covered spouse completes one of 26 screening tests.  
| **Covered conditions**  
• Invasive cancer  
• Carcinoma in situ* (25%)  
• Heart attack  
• Heart surgeries* (25%)  
• Stroke  
• Major organ transplant  
• End stage renal failure  
• Paralysis  
• Benign brain tumor  
• Coma  
• Loss of sight, speech or hearing  
• Major burns  
**Guarantee Issue**  
• Available at initial enrollment for employees, spouses and children  
• Provides protection and security for all family members if someone suffers a covered critical illness.  
**Portability**  
If an employee elects to include the portability benefit, the employee and his or her spouse and dependents can continue coverage without evidence of insurability if the employee leaves an employer.  
**Health savings account compliant**  
Plans are designed to comply with HSA regulations. |

*Carcinoma in situ and heart surgery benefits are 25 percent of the selected benefit amount.*
For more information about specialty benefits, contact your Blue Cross sales representative or contracted agent.

LifeSecure is an independent company that does not provide Blue Cross Blue Shield of Michigan products or services. LifeSecure underwrites and is solely responsible for the hospital recovery and accident insurance coverage.

LifeSecure and the circular logo are trademarks of LifeSecure Insurance Company — Brighton, MI. This marketing flier is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our products and services. Please remember only the insurance certificate can give actual coverage amounts, terms, limitations and conditions.

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Products and services marketed under the Dearborn National brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate.
Frequently asked questions

Q. Must employers contribute the same dollar amount to each employee to purchase benefits?
   A. No. Contribution amounts can vary based on employee classes such as location, position, status (full- or part-time) and type (hourly or salaried). However, contribution amounts must be the same dollar amount for employees in the same class.

Q. Must each employee receive the same contribution amount regardless of the number of family members enrolled in their health plan?
   A. No. Contributions can vary based on the number of family members enrolled in a plan. For example, $250 for an employee-only plan, $350 for an employee plus dependent plan and $500 for a family plan.

Q. How much lead time is needed for GlidePath implementation?
   A. If you decide GlidePath coverage is right for you, please let us know at least 60 days before your desired effective date.

Q. Will enrollment communications be provided to educate my employees?
   A. Yes. Standard communications are available during open enrollment, including a welcome note, enrollment instructions, benefit charts and answers to questions frequently asked by employees.

Q. How long should my open enrollment period last?
   A. You can determine the length of your open enrollment period. Typically open enrollment is one to two weeks.

Q. How will I determine the amounts to deduct from my employees’ paychecks for their individual contributions?
   A. A report that captures how much to deduct from your employees’ paychecks will be available to you as it corresponds to your pay cycle. The report also captures changes that occur between each cycle such as new hires, change in status and termination. The report can be viewed online through the GlidePath Employer Portal.

Q. Am I required to offer my employees prescription drug coverage?
   A. Yes. Prescription drug coverage must be included with all plans offered on GlidePath.
Q. Can disability and life insurance be incorporated into the GlidePath enrollment process?

A. Yes. GlidePath offers a standard menu of specialty benefits available through LifeSecure® Insurance Company and Dearborn National® Life Insurance Company. For more information about these specialty benefits, contact your Blue Cross sales representative or contracted agent.

Q. What happens to funds allocated to employees that opt-out of GlidePath health coverage?

A. Employees who opt-out of coverage forfeit your contribution. They may enroll during the next open enrollment period if they choose.

Q. What type of support is provided to help guide my employees through this new approach to health care?

A. GlidePath offers a best-in-class, end-to-end member experience from enrollment to the use of benefits. Your employees can choose to receive one-on-one enrollment assistance from a GlidePath advisor by phone or enroll online with our decision support tool. Once enrolled, your employees can get help navigating the health care system with our Health Advocate™ service. Health Advocate offers a variety of services by registered nurses and other credentialed advisors, including health care education and coaching, clinical information, payment support and appointment scheduling.

Q. Does GlidePath comply with the requirements of the Affordable Care Act?

A. Yes, all GlidePath plans comply with the Affordable Care Act.

Q. Whom can I contact for more information?

A. For more information, contact your Blue Cross sales representative or contracted agent, or visit GlidePathBenefits.com.

Health Advocate is an independent company that provides health care advocacy services to Blue Cross Blue Shield of Michigan and Blue Care Network members enrolled in GlidePath coverage.

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Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.
What to expect

When you select GlidePath, we’ll be here to provide you with the resources and support you need to get started.

Simplified administration
GlidePath works like an extra arm in your human resources department. Our consultants help you set up your benefit offerings and our advisors help employees enroll. All GlidePath plans comply with the Affordable Care Act, and we’ll continue to help you comply with government mandates and policies. The GlidePath team will also:

- Assist you in determining your benefits funding
- Help you select an appropriate benefits menu
- Provide educational tools and materials
- Automatically provide the following reports to simplify administration:
  - Payroll deductions
  - Employee election
  - Enrollment summary

Efficient implementation
A carefully planned implementation process helps ensure a smooth transition to GlidePath for you and your employees.

Contact your Blue Cross sales representative or contracted agent if you have questions or to request a quote.

Visit GlidePathBenefits.com to learn more about GlidePath.
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