THE POOL

Transforming Your
Wellbeing Together

2027 Benefits Guide
ACA

Lake Shore Public Schools

October 2026

TRANSFORMING YOUR WELLBEING TOGETHER

Table of contents

About Your Benefits	3
Common Terms	4
Medical & Prescription	5
Compare Carrier	10
Priority Health	11
Dental	13
Vision	14
Spending Accounts	15
Life AD&D, Disability	18
Additional Benefits	19
Coverage Costs	24
Contact Information	25

About Your Benefits

At Lake Shore Public Schools we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Lake Shore Public Schools benefits. If you have any questions, feel free to reach out to Crystal Brand @586.285.8475 or cbrand@lsps.org.

Eligibility and Enrollment

Your eligibility for the Lake Shore Public School's benefit plans is detailed in your employee group contract. If you enroll in benefits, you may also cover your:

- Legal spouse
- Children until the end of the month they turn age 26
- Unmarried children of any age who are mentally or physically disabled

Making Changes to Your Benefits

Each year, you can make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in your employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to notify HR of any changes to your elections. Keep in mind, the change you make must be directly related to the event.

Common Health Insurance Terms

Below are a few helpful insurance terms to know before looking through your coverage options.

Deductible

The amount you pay out of pocket for health care services before your plan begins to pay a portion.

Copay

A set dollar amount you pay for a covered health service, typically at the time of receiving the service.

Network

The health facilities and providers your medical plan is contracted with to provide services, typically at a lower, negotiated rate.

Coinsurance

Your share of the costs of covered health care services after you reach your deductible.

Example: Your plan shows 20% coinsurance for a covered service. If the service costs $100, you pay $20.

Preventive Care

An annual, routine or physical checkup. Preventive care includes immunizations, lab tests, screenings, and other services intended to prevent illnesses. This is 100% covered by your health plan.

Out-of-Pocket Maximum

The most you'll have to pay for health care services before your plan begins to pay for 100% of covered costs.

Medical Coverage BCBSM

See the table below for an overview of coverage options and charges for each plan.

	VALUE HSA 3000
Deductible	$3,000 / $6,000
Coinsurance *(% insurance pays)*	80%
Coinsurance Maximum *(Individual/family)*	$3,350 / $6,700
Out-of-pocket Maximum *(Individual/family)*	$6,350 / $12,700
Preventive Care	100% covered
Office Visits Telemedicine Primary Care Urgent Care Specialist	 80% after deductible 80% after deductible 80% after deductible 80% after deductible
Emergency Room	80% after deductible

Finding providers in-network

You'll save the most money who you choose in-network doctors, hospitals, and pharmacies. Log onto www.bcbsm.com and use the Find a Doctor tool when searching for care.

Prescription Coverage BCBSM

Prescription drug coverage through Blue Cross Blue Shield of Michigan is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

Prescription drug copays apply **AFTER** the plan's deductible.

	VALUE HSA 3000
	In Network
Retail (30-day Supply)	
Generic	$10
Preferred	$40
Non-preferred	$80
Mail order (90-day Supply)	
Generic	$10
Preferred	$40
Non-preferred	$80

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

Blue Cross regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSM's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call AllianceRx Walgreens Pharmacy at 1-866-515-1355

Medical Coverage Priority Health

See the table below for an overview of coverage options and charges for each plan.

	PH02 HSA 2500	PH06 HSA 3500
Deductible	$2,500 / $5,000	$3,500 / $7,000
Coinsurance *(% insurance pays)*	80%	80%
Coinsurance Maximum *(Individual/family)*	$2,000 / $4,000	$2,000 / $4,000
Out-of-pocket Maximum *(Individual/family)*	$4,500 / $9,000	$5,500 / $11,000
Preventive Care	100% covered	100% covered
Office Visits Telemedicine Primary Care Urgent Care Specialist	 80% after deductible 80% after deductible 80% after deductible 80% after deductible	 80% after deductible 80% after deductible 80% after deductible 80% after deductible
Emergency Room	80% after deductible	80% after deductible

Finding providers in-network

You'll save the most money who you choose in-network doctors, hospitals, and pharmacies. Log onto www.PriorityHealth.com and use the Find a Doctor tool when searching for care

Prescription Coverage Priority Health

Prescription drug coverage through Priority Health is included with all three of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	PH02 HSA $2,500	PH06 HSA $3,500
	In Network	In Network
Retail (30-day Supply)		
Tier 1	$10 copay	$10 copay
Tier 2	20% (Max $80)	20% (Max $80)
Tier 3	20% (Max $160)	20% (Max $160)
Tier 4	20% (Max $80)	20% (Max $80)
Tier 5	20% (Max $160)	20% (Max $160)
Mail order (90-day Supply)		
Tier's 1- 5	2x Copay	2x Copay

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

CARRIER regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using PH's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call Accredo Specialty Pharmacy at 1-800-803-2523 or visit the website at accredo.com.

Prescription Drug Coverage

General overview and tips on prescription drug types

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

Each carrier regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs through Priority Health

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using PH's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call Accredo Specialty Pharmacy at 1-800-803-2523 or visit the website at accredo.com.

Specialty Drugs though BCBSM*

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSM's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call AllianceRx Walgreens Pharmacy at 1-866-515-1355 or visit the website at alliancerxwp.com.

**Certain high-cost specialty medications are eligible for cost savings through Payer Matrix, a program designed to help reduce the cost of high-cost specialty drugs. If you are eligible for this program, the Payer Matrix team will contact you directly to provide assistance and support in enrolling.*

Comparing Plan Carriers

Blue Cross to Priority Health

Provider Network

Providers that accept health coverage through Blue Cross Blue Shield and Priority Health often overlap throughout Michigan, but the best way to determine if your preferred provider accepts both is to contact their office directly and confirm. Or click the below to use the Find a Doctor tool to search:

Priority Health – Find a Doctor

Medications

A formulary is an approved drug list through a health plan. As this list is decided by each medical carrier, these can differ between plans. View the Priority Health formulary to see if your needed prescription(s) is covered:

Priority Health Formulary

Prior Authorizations

Approved Health Services

Prior authorizations (PA) can be required for things like medications, surgeries, and other treatment plans. Enrolling in any new health plan may require you or a family member to receive a new prior authorization through the medical carrier. View the full list of services that may require a new prior authorization through Priority Health:

PA List

When searching for your prescriptions or a service that might affect your PA, open the links and press **C+F**, then type in the name of prescription or approved PA and hit 'enter' to search

Considering a Priority Health plan?

Important questions to ask yourself

Is my current doctor in-network?

The easiest way to determine if your doctor is in-network is to contact your provider's office directly and confirm.

You can also use the Priority Health Find a Doctor tool to search:

Click here to use the tool

Will this change my prior authorization?

Depending on the health service or medication approved, enrolling in any new health plan may require a new prior authorization. View the full list of services that may require a new prior authorization through Priority Health:

View the list

- Once opened, press **Ctrl+F**
- Type in the name of your medication(s) or medical service and hit "**enter**" to search

Will my medications be covered?

Search the 2026 formulary now.

View Priority Health's formulary (approved drug list) to see if your preferred prescription(s) is covered. Search with these easy steps:

- Click the link above to open the formulary
- Press **Ctrl+F**
- Type in the name of your medication(s) and hit "**enter**" to search

Common services that differ in coverage between health carriers:

- Heart procedures (ablations or implantable cardiac devices)
- Deep brain stimulation
- Specialized surgeries:
  - Transcatheter arterial chemoembolization (TACE)
  - Ethmoidectomy
  - Hammertoe correction
  - Thyroidectomy
  - Varicose vein treatment
- Pain management injections/ablations
- Certain oncology care drugs

THE POOL
Michigan Health Insurance

Considering a Priority Health plan?

Important questions to ask yourself

What are the perks?

Enrolling in a Priority Health plan gives you access to new programs and support, available to you and your eligible family members:

Ayble Health is your new virtual gastroenterology (GI) clinic. With a 24/7 GI care team, a customized nutrition plan based on your symptoms, stress management tools to help with flare ups, and more, find the support you need for gut health.

Learn more now.

Priority GPS gives you access to another dedicated care team to help you navigate your health care benefits. This concierge service can support you with coverage questions, finding a provider, and more you might need throughout your health journey.

Have other questions?

Reach out to your benefits administrator or contact us at ThePool.Admin@ajg.com

Dental Coverage

See the table below for an overview of dental plan and charges. Refer to the benefit Summary for details regarding Provider Networks.

	Delta Dental of Michigan		
	PPO Dentist	Premier Dentist	Plan Pays*
Annual Deductible (Individual/Family)	$0.00	$0.00	$0.00
Annual Maximum (Per Person)	$1,200	$1,200	$1,200
Preventive Care (Routine Cleaning and X-rays)	100%	100%	100%
Basic Services (Fillings, Basic Root Canals)	85%	85%	85%
Major Services (Extractions, Crowns)	85%	85%	85%
Orthodontia (Children up to age 18)	50%	50%	50%
Orthodontia Lifetime Maximum (Per Person)	$1,500	$1,500	$1,500

Finding dentists in-network

You'll pay less for services when you use a PPO or Premier dentist network. Find an in-network dentist by visiting www.DeltaDentalMI.com or calling 800.524.0149.

Vision Coverage

See the table below for an overview of your vision plan.

	Vision Plan	
	In-Network	Out-of-Network
Eye Exam (Once every 12 months)	$0.00 copay	Up to $45.00
Lenses (Once every 12 months)		
Single Vision	$0.00 copay	Up to $38.00
Bifocal	$0.00 copay	Up to $60.00
Trifocal	$0.00 copay	Up to $72.00
Lenticular	$0.00 copay	Up to $108.00
Frames (Once every 12 months)	Up to $130.00 allowance	Up to $55.00 allowance
Contact Lenses (Once every 12 months)		
Fitting	Up to $130.00 copay	Up to $115.00
Elective	Up to $130.00 allowance	Up to $115.00
Medically Necessary	Covered in full	Up to $200.00

Finding ophthalmologists in-network

Find an in-network eye doctor by visiting www.e-nva.com or calling 800.672.7723.

Health Savings Accounts

Paying for Health Care

Lake Shore Public Schools offers employees Health Savings Accounts to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses.

	Health Savings Account (HSA)
What medical plan can I choose?	All three plan options pair Health Savings Accounts. Employees who are ineligible for an H.S.A. may set aside funds in a Flexible Spending Account.
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave LSPS or retire)
How do I pay for eligible expenses?	With your Health Equity debit card (you can also submit claims for reimbursement online at www.healthquity.com)
How much can I contribute each year?	$4,500 for individual coverage or $9,000 for family coverage (this total includes company funding) in 2027
Can I change my contributions throughout the year?	Yes. Please see HR to adjust your contributions outside of open enrolment.

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA. Lake Shore Public Schools offers ineligible employees the option of a Flexible Spending Account to set aside funds on a pre-tax basis. See HR for more information.

What are the tax implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA ($1,000 per tax year) if you will be 55 years or older by December 31. Learn more at www.healthequity.com.

Health Equity HSA

Accessing your HSA information

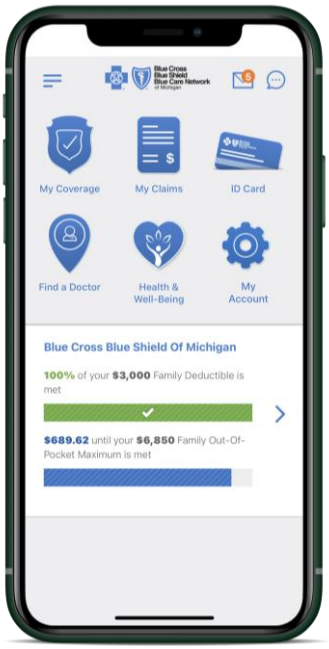
You can see your HealthEquity HSA account information through you BCBSM member account, the HealthEquity portal, or both.

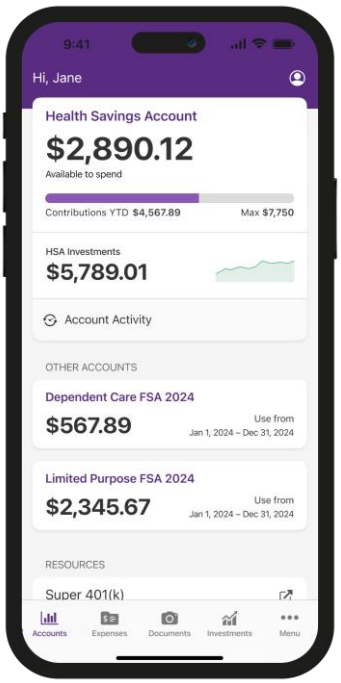
BCBSM

Member account and app

Your Blue Cross member account will automatically link to your HealthEquity HSA account.

- Check your account balances
- Coverage information
- Deposits and withdrawals





HealthEquity

Member account and app

Register your account directly through HealthEquity to get more information.

- On-the-go access and history
- Photo documentation
- Send payments and reimbursements
- Manage debit card transactions
- Initiate claims and view their status

Spending Accounts

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elder care expenses.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your CARRIER debit card (you can also submit claims for reimbursement online at www.website.com)
How much can I contribute each year?	Between $500 and $7,500 in 2027

If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA. Lake Shore Public Schools offers ineligible employees the option of a Flexible Spending Account to set aside funds on a pre-tax basis. See HR for more information.

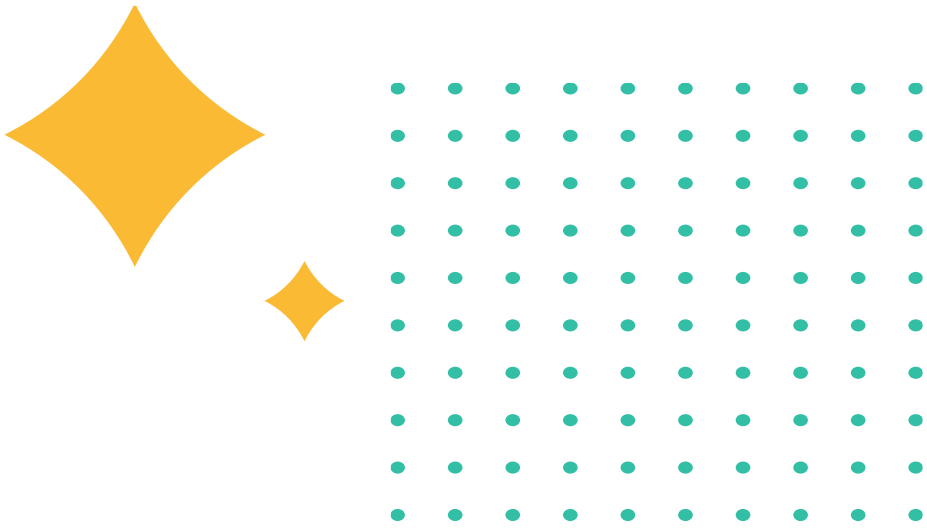
Life, AD&D and Disability Insurance

Life and AD&D Insurance

Lake Shore Public Schools offers district paid life and accidental death and dismemberment benefits through National Insurance Services (NIS). Please refer to your group's bargaining agreement for your specific eligibility and benefit information.

Disability Insurance

Lake Shore Public Schools offers district paid long term disability benefits through National Insurance Services (NIS). Please refer to your group's bargaining agreement for your specific eligibility and benefit information.



Additional Benefits

Retirement Savings Plans

Lake Shore Public Schools offers employees the opportunity to save for retirement through 403(b) and 457(b) voluntary savings plans. These plans are administered by U.S. OMNI & TSACG Compliance Services and allow you to contribute pre-tax or after-tax (Roth) dollars through convenient payroll deductions.

You may begin contributing immediately upon employment, and all contributions are fully vested from day one. Review authorized investment providers and enrollment information for Lake Shore at:

https://www.tsacg.com/individual/plan-sponsor/michigan/lake-shore-public-schools/

In addition, Lake Shore employees participate in the Michigan Public School Employees' Retirement System (MPSERS), which provides pension and/or defined contribution benefits based on years of service and salary. This state program operates separately from your voluntary 403(b) and 457(b) savings options.

Pool Benefits

Being a member of The Pool gives you and your family have access free benefits and programs, at no cost to you.

Diabetes Support and Prevention

omada®

Diabetes Prevention

Build sustainable habits to improve your health and lose weight with access to interactive, digital lifestyle programs; professional health coaches; and more. You and/or family members are eligible if at risk for Type 2 diabetes.

omadahealth.com/thepool

Teladoc HEALTH

Diabetes Management

Receive a smart glucose meter, unlimited strips and lancets, and have access to expert coaches who provide advice on diet, lifestyle, and more. Available to those diagnosed with Type 1 or Type 2 diabetes.

teladochealth.com/join/thepool

virta

Diabetes Reversal

If you or a family member have been diagnosed with Diabetes, Virta helps you lower blood glucose levels, lose weight, and reduce your need for medication by making meaningful changes to your diet.

go.virta.com/thepoolmi

Pool Benefits

Being a member of The Pool gives you and your family have access free benefits and programs, at no cost to you.

Other Value Adds

2nd.MD

Virtual Second Opinions

Receive a second opinion on a diagnosis, scheduled surgery, or treatment plan from a top national specialist, all from the comfort of your home.

2nd.md/thepool

Hinge Health™

Muscle & Joint Pain Relief

If you're struggling with back, joint, or muscle pain, Hinge Health is a virtual exercise therapy program proven to reduce or even eliminate pain.

Hingehealth.com/thepool

Maternity & Postpartum Support

Virtual, 24/7 support with things like creating your birth plan, breast and bottle feeding, navigating infant sleep, returning to work, managing your mental health, and more.

mavenclinic.com/join/takecare

MAVEN

Navigating your Benefits

Navigating your care has never been easier. Stella Health's nurse care managers are at the ready to educate and connect you with resources based on you or your family members' unique needs. Some benefit offerings will vary based on medical plan carrier you're enrolled with.

stella℠ health navigation

847-879-2000

Need support with complex conditions, care needs, or health system navigation?

Connect with dedicated Care Nurses by calling or Stella direct outreach when a need is identified

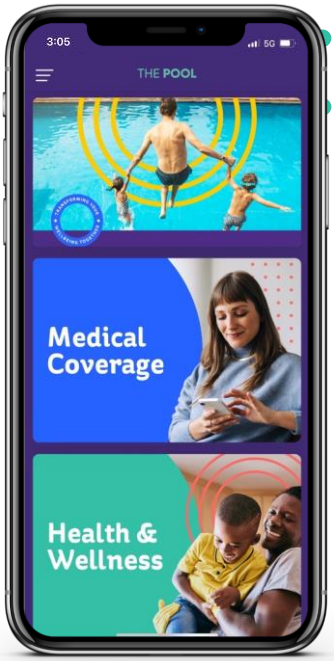
One number, endless resources

Stella's nurses help simplify your healthcare ecosystem by navigating you to the resource you need, when you need it

2nd.MD
Hinge Health
FEDlogic
Boulder
virta
Teladoc HEALTH
FOLX
MAYO CLINIC
backpack
omada
Quantify
MAVEN
ayble health
Calm Health
LANTERN

The Pool App

Access to your health benefits, all in one place.



The app houses information on:

- Your medical benefits
- Free Pool programs and resources
- Important health reminders throughout the year
- And more!

Ready to download?

Search “The Pool by WMHIP” in your app store or scan the QR code below:

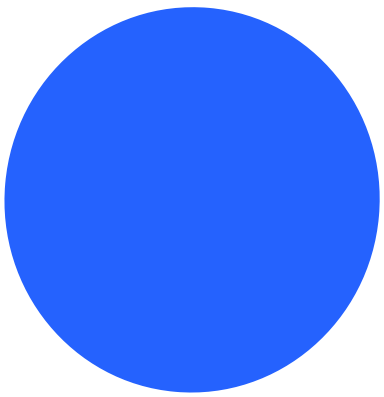
THE POOL
Michigan Health Insurance

Coverage Costs

Below is an overview of your benefit coverage costs

Monthly cost for medical dental, and vision coverage

Coverage Tier	VALUE HSA 3000	PH HSA 2500	PH HSA 3500	Dental Plan	Vision Plan
Employee only	$67.83	$63.82	$0.0	$44.17	$6.36
Employee + 1	$1,004.71	$995.71	$846.16	$83.63	$13.63
Family	$1,4016.95	$1,405.74	$1,219.64	$153.06	$20.48



Contact Information

Benefit	Vendor	Phone	Website / Email
Medical	Blue Cross/Blue Shield of Michigan OptumRx	855.811.2223	bcbsm.com
Medical	Priority Health	800.942.0954	Priorityhealth.com
Rx	AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
Dental	Delta Dental of Michigan	800.524.0149	www.deltadentalmi.com
Vision	NVA	800.672.7723	www.e-nva.com
Health Savings	Health Equity	866.346.5800	www.healthequity.com
Flexible Spending	Health Equity	877.925.3967	www.healthequity.com
Life and AD&D	NIS	800.356.9601	www.madisonlife.com
Disability	NIS	800.356.9601	www.madisonlife.com

Benefit	Website / Email	Other
Omada	Omadahealth.com/wmhip	
Teladoc Health	Teladochealth.com/join/wmhip	**Text:** "GO WMHIP" to 85250 **Call:** 800-945-4355 and use registration code WMHIP
Virta	Virtahealth.com/join/thepoolmi	
2nd.MD	2nd.md/thepool	Call 1.866.841.2575
Hinge Health	Hingehealth.com/thepool	
Maven	Mavenclinic.com/join/takecare	

Thank you.

TRANSFORMING YOUR WELLBEING TOGETHER

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20 years of supporting members