ADDENDUM No. 1

RFP No. 25-26

PUBLIC EMPLOYEE MEDICAL, OPTICAL AND DENTAL BENEFITS PLAN COVERAGE CARRIER SERVICES

Due: June 5, 2025 at 2:00 P.M. (local time)

The information contained herein shall take precedence over the original documents and all previous addenda (if any) and is appended thereto. **This Addendum includes seventy-six (76) pages.**

The Proposer is to acknowledge receipt of this Addendum No. 1, including all attachments in its Proposal by so indicating in the proposal that the addendum has been received. Proposals submitted without acknowledgement of receipt of this addendum may be considered non-conforming.

The following forms provided within the RFP Document should be included in submitted proposal:

- Attachment B City of Ann Arbor Non-Discrimination Declaration of Compliance
- Attachment C City of Ann Arbor Living Wage Declaration of Compliance
- Attachment D Vendor Conflict of Interest Disclosure Form of the RFP Document

<u>Proposals that fail to provide these completed forms listed above upon proposal opening</u> <u>may be rejected as non-responsive and may not be considered for award.</u>

I. QUESTIONS AND ANSWERS

The following Questions have been received by the City. Responses are being provided in accordance with the terms of the RFP. Respondents are directed to take note in its review of the documents of the following questions and City responses as they affect work or details in other areas not specifically referenced here.

- Question 1: Can the responding carrier carve out and only cover the Medicare retirees or is the submitting carrier required to cover all public employees' medical including active employees and pre 65 retirees? In other words, can a carrier only respond to cover the Post 65 Medicare eligible population?
- Answer 1: The City's current administrator, BCBSM, has a long standing policy of prohibition on senior product carveouts from ASC group plans. The City has not 'tested' the enforcement of this presumed still-applicable policy. All submissions will be evaluated on their own merits, financially and otherwise, and the City will then determine appropriate next steps that may be necessary to ensure an optimal RFP outcome for the benefit of the City and its plan beneficiaries.
- Question 2: I am interested in submitting a proposal for this group, but to do so I need the information in the attached. I thank you in advance and look forward to the opportunity.
- Answer 2: Thank you for expressing interest in the City's RFP initiative. While the City welcomes bids from insurers, we are not accepting proposals from agents. Please reference Section 1. A. of the RFP.

- Question 3: We would like to take a closer look at the potential of submitting a proposal for the vision plan for the city. We would like to see the following items please: Census, current or renewal rates, current plan design or requested plan design (if changing to upgrade benefits) and claims data as available.
- Answer 3: See attached;
 - Census attached
 - Plan design attached
 - Current rates (rate guaranteed through 2026) included on the plan design document
 - Claims attached utilization document
- Question 4: We are requesting the claims, eligibility, plan summaries and appendixes please.

We do also have questions for the RFP (below):

1. Plan Funding Type

- We understand the current dental plan is self-funded.
 - Are you only accepting self-funded quotes? No
 - Will you also consider fully insured options? Yes

2. Plan Type Options

- We know the current plan is a PPO.
 - Will you consider a Dental HMO plan, either as a stand-alone option or as an additional offering? *Proposals should seek to replicate current design.*

3. Rates

- Will a rate template be provided? *No*
- How many years of rates should be quoted? *Proposals are to be developed and delivered at offeror's discretion, in an attempt to present competitive offers.*
- If looking for a rate guarantee, how many years should the rates be guaranteed? *Proposals are to be developed and delivered at offeror's discretion, in an attempt to present competitive offers.*

4. Vendor Consideration

- Are you open to working with a new dental vendor? The intent of the RFP process to assess competing offers to further the interests of the City and its employees, both financially and otherwise.
- Are you open to having multiple dental vendors for more employee choice? The intent of the RFP process is to assess competing offers to further the interests of the City and its employees, both financially and otherwise

5. Pricing and Plan Designs

- What is the current pricing for the dental plans? *The RFP Document provides details.*
- Can we quote just an alternative dental plan or plans to sit side-by-side with a self-funded plan? *Proposals should seek to replicate current design.*
- Will there be multiple dental plan designs that need to be quoted (i.e. low/high benefit levels)? *Proposals should seek to replicate current design.*

6. Data Sharing

- Will current claims data be provided? The RFP Document provides details.
- Will census data be provided? *The RFP Document provides details.* Addendum-1-2

- Will provider data be provided to do a disruption analysis? *The RFP Document provides details.*
- Will there be other Exhibits and Appendices and data provided? The *RFP* Document and any Addendum associated with the *RFP* constitutes the entirety of information provided
- 7. Current Needs
 - Is the City of Ann Arbor looking for anything specific in a dental plan that is not currently being offered? *Please reference the RFP. That said, proposals are to be developed and delivered at offeror's discretion, in an attempt to present competitive offers.*
- Answer 4: Responses provided in *italics* above.
 - Also, see attached;
 - Census attached
 - Plan design attached
 - Current rates (rate guaranteed through 2027) included on the plan design document
 - Claims attached utilization document
- Question 5: We are interested in bidding on the vision program for City of Ann Arbor. I have attached our signed Business Associate Agreement for your review and in accordance with the requirement listed in Section 1B of the attached RFP document.

I understand you are the contact to request the following plan specific documents:

1) Census of benefit eligible employees, including zip code, date of birth and vision election tier

2) Vision plan benefit summary and/or certificate of coverage

3) Claims utilization reporting; preferably including claim detail of exam and materials

Answer 5: See attached;

- Census attached
- Plan design attached
- Current rates (rate guaranteed through 2026) included on the plan design document
- Claims attached utilization document
- Question 6: I just ran across your RFP for Vision and Dental. Can you please forward claims, eligibility, plan summaries and census when you have a moment.
 Answer 6: See attached;

Vision

- Census attached
- Plan design attached
- Current rates (rate guaranteed through 2026) included on the plan design document
- Claims attached utilization document

Dental

- Census attached
- Plan design attached
- Current rates (rate guaranteed through 2027) included on the plan design document

Addendum-1-3

- Claims attached utilization document
- Question 7: <u>Vision:</u> I am not seeing any documents that provide any of the following for the Vision, and we would like to offer a quote in response to this. Can you please provide the following:
 - 1. Claims paid for the most recent 12 to 24 months
 - 2. Premium Paid for the most recent 12 to 24 months
 - 3. Enrollment by month for the most recent 12 to 24 months
 - 4. Current Plan Design and carrier
 - 5. Current Rates
 - 6. Census

Answer 7: See attached;

- Census attached
- Plan design attached
- Current rates (rate guaranteed through 2026) included on the plan design document
- Claims attached utilization document
- Question 8: We have an in force contract that was accepted effective for 3 years (01/01/2024 to 12/31/2026). Is there a reason you have put the Dental out to bid given this?

Answer 8: Incumbents do not need to submit a proposal response to RFP# 25-26.

Offerors are responsible for any conclusions that they may draw from the information contained in the Addendum.

City of Ann Arbor: Dental Total

| | | Enroll | ment | | Actual Claims |
|-----------------|--------|------------|--------|--------|---------------|
| | Single | Two Person | Family | Total | Dental |
| 03/23 | 193 | 201 | 316 | 710 | |
| 04/23 | 193 | 196 | 317 | 706 | \$53,719 |
| 05/23 | 191 | 195 | 318 | 704 | \$46,793 |
| 06/23 | 194 | 193 | 317 | 704 | \$42,043 |
| 07/23 | 194 | 197 | 317 | 708 | \$53,714 |
| 08/23 | 199 | 197 | 315 | 711 | \$48,458 |
| 09/23 | 201 | 195 | 316 | 712 | \$48,545 |
| 10/23 | 209 | 197 | 318 | 724 | \$55,154 |
| 11/23 | 211 | 192 | 321 | 724 | \$51,713 |
| 12/23 | 210 | 195 | 321 | 726 | \$48,405 |
| 01/24 | 211 | 202 | 307 | 720 | \$55,796 |
| 02/24 | 219 | 201 | 314 | 734 | \$47,991 |
| 03/24 | 214 | 203 | 314 | 731 | \$66,540 |
| 04/24 | 212 | 202 | 315 | 729 | \$54,890 |
| 05/24 | 210 | 199 | 318 | 727 | \$53,611 |
| 06/24 | 205 | 200 | 314 | 719 | \$49,108 |
| 07/24 | 202 | 202 | 314 | 718 | \$48,392 |
| 08/24 | 206 | 202 | 319 | 727 | \$57,410 |
| 09/24 | 210 | 199 | 318 | 727 | \$50,249 |
| 10/24 | 208 | 201 | 318 | 727 | \$61,640 |
| 11/24 | 211 | 196 | 319 | 726 | \$45,701 |
| 12/24 | 212 | 198 | 322 | 732 | \$49,923 |
| 01/25 | 212 | 208 | 319 | 739 | \$73,130 |
| 02/25 | 212 | 204 | 320 | 735 | \$45,905 |
| 03/25 | 214 | 204 | 319 | 737 | \$49,202 |
| | | 201 | 010 | 101 | \$\$\$\$,202 |
| eport Summary: | | | | | |
| eriod 1 Total | 2,425 | 2,361 | 3,797 | 8,583 | \$618,870 |
| onthly Average | 202 | 197 | 316 | 715 | \$51,573 |
| verage Per EE | | | | | \$72 |
| eriod 2 Total | 2,513 | 2,414 | 3,810 | 8,737 | \$639,163 |
| onthly Average | 209 | 201 | 318 | 728 | \$53,264 |
| verage Per EE | | | | | \$73 |
| otal All Months | 4,938 | 4,775 | 7,607 | 17,320 | \$1,258,033 |
| onthly Average | 206 | 199 | 317 | 722 | \$52,418 |
| verage Per EE | * | | | | \$73 |
| an YTD Total | 637 | 616 | 958 | 2,211 | \$168,238 |
| onthly Average | 212 | 205 | 319 | 737 | \$56,079 |
| verage Per EE | | 200 | 0.0 | | \$76 |

Period 1 represents claims from 04/23 - 03/24. Period 2 represents claims from 04/24 - 03/25. YTD represents claims from 01/25 - 03/25. Enrollment for each period has a 1 month lag, YTD has a 0 month lag.



City of Ann Arbor Dental Provider Utilization Claims Paid '04/01/2024' to '03/31/2025'

| Record Number National Provider Identifier (NPI) 1 1295713618 | Provider License State Code | Provider License Number | Provider First Name Denild | Provider Last Name | Service Office Address Line 1 Service Office Address Line 2 1201 E Stadium Blud | Service Office City Am Arbor | Service Office State Service Office ZIP Code | Service Office Phone Number 7346887157 | Provider Specialty General Practitoner | In or Out of Network |
|---|--|--|--|--|---|--|--|--|--|--|
| | M | 10135 | | Preya Heya | 1201 E Stadium Bivd | | MI 45104 MI 48104 | 7346687157 | General Practitioner I | n In |
| 3 1083734958 | м | 10174 | Brian | Petersburg | 8641 W Grand River Ave Ste 6 | Brighton | MI 48116 | 8102274224 | General Practitioner I | In |
| 4 1770012452 5 1144361023 | NC | 10673 | Elise Douglin | Brace Hock | 9776 Holly Springs Rd 4918 W Clark Rd Ste 101 | | NC 27539 MI 48197 | 9198633933 7344342300 | General Practitioner I Prosthodontist I | In |
| 6 1033207139 | M | 11291 | David | Ewing | 2829 E Grand River Ave | | 48912 | 5173333160 | General Practitioner 1 | In |
| 7 1386828406 | м | 11528 | James | Berg | 1974 N Huron River Dr Ste 200 | Ypsilanti | MI 48197 | 7344824658 | Prosthodontist | In |
| | M | 11836 | Mark John | Lufa Shamraj | 3100 W Liberty Rd Ste A | | MI 48124 MI 48103 | 3135655507 7346636777 | General Practitioner I General Practitioner I | In In |
| | M | 11886 11928 | Philip | Badalamenti Rogens | 20810 Harper Ave 36444 Warren Rd | Saint Clair Shores | MI 48082 MI 48185 | 5862935200 7342616060 | Orthodontist I General Practitioner I | In |
| 12 1528185477 | M | 12007 | Gary | Bloomfield | 2301 S Huron Pkwy | Ann Arbor | MI 48104 | 7349712310 | General Practitioner 1 | In |
| 13 1497887392 | M M | 12098 | Jeffrey Daniel | Ash Benson | 2715 Packard St Ste A 1404 Ford Ave | Ann Arbor Wyandotle | MI 48108 MI 48192 | 7349710800 7342852575 | Endodontist I General Practitioner I | In In |
| 15 1790729333 18 1083440543 | M | 12101 12106 | Daniel Fredric | Benson Bonine | 1404 Ford Ave | Wysedotte Brighton | M 48192 M 48114 | 7342852575 8102299180 | General Practitioner I Oral Surgeon I | In |
| | | | | | | | | | | |
| 17 1326197955 18 1811056914 | M | 12174 | Michael Noel | Page Jackson | | Brighton Trenton | MI 48114 MI 48183 | 8102274111 7346761333 | General Practitioner I General Practitioner I | in In |
| | AZ AZ | 12247 12279 | | Annas Kaur | | | AZ 85202 AZ 85202 | 4805713050 4805713050 | General Practitioner 1 General Practitioner 1 | In |
| 21 1477699858 | м | 12460 | John | Cabel | 11436 Highland Rd | Hartland | MI 48353 | 8106325665 | General Practitioner 1 | In |
| 22 1710010962 23 1881617276 | MI MI | 12486 12615 | Mark. James | Fitzgerald Mcherry | 1011 N University Ave 1075 Maple St | | M 48109 M 48170 | 7349365950 7344545656 | General Practitioner I General Practitioner I | .n In |
| 24 1811035066 25 1811035066 | M | 12771 | Gary Gary | Berman Berman | 9840 Hiegsenty Rd 9840 Hiegsenty Rd | | MI 48111 MI 48111 | 7346974400 | General Practitioner I General Practitioner I | in . |
| 28 1235250549 27 1720125818 | M | 12866 | Donald Robert | Wurtzel | 4554 Waahtenaw Ave | Ann Arbor | MI 48108 MI 48178 | 7349712675 | General Practitioner I General Practitioner I | In |
| | GA | 12893 12908 | | Borowec | | | Mi 45175 GA 30344 | 2484374119 4046299290 | General Practitioner C | .n Out |
| 29 1194951699 | M | 13010 | John | Suahko | 720 N Old Woodward Ave Ste 201 | Biminoham | M 48009 | 2486445735 | General Practitioner I | In |
| 30 1194842500 31 1699894576 | M | 13142 13223 | Daibert Raymond | Fear Maturo | 2521 Jackson Ave 2074 S Main St | | MI 48103 MI 48103 | 7342100677 7346832490 | Oral Surgeon I Pedodontist I | In |
| 32 1871624973 | M | 13227 | Brian | Noonan | 3200 W Liberty Rd Ste E | Ann Arbor | MI 48103 | 7347697777 | General Practitioner 1 | in |
| 33 1073637682 34 1932116134 | MI MI | 13246 13292 | Peter Gregory | Buthuis Balog | 5625 Middlebelt Rd 1049 N Macomb St | Garden City Monroe | MI 48135 MI 48162 | 7344221332 | General Practitioner I General Practitioner I | in in |
| 35 1679577266 | M | 13315 | Kevin | Sicen | 450 S Wagner Rd | Ann Arbor | M 48103 | 7345688420 | General Practitioner 1 | In |
| 37 1639214935 | M | 13353 13365 | Amy | Rahamut Parker | 125 N Millary St 16800 W 12 Mile Rd Ste 101 | Southfield | MI 48124 MI 48076 | 3132749300 2484239800 | General Practitioner I Pedodontist I | in . |
| 39 1235109349 | MI MI | 13449 13449 | | Felsenfeld Felsenfeld | 22731 Newman St Ste 240 22731 Newman St Ste 240 | Dearborn | M 48124 M 48124 | 3135821515 3135821515 | Oral Surgeon I Oral Surgeon I | n In |
| 40 1225250319 | M | 13502 | | | 8405 Telegraph Rd Ste J3 4060 Heggerty Hwy | Bloomfield Hills | MI 48301 MI 48300 | 2486425460 2483630480 | General Practitioner I General Practitioner I | in . |
| 42 1033162755 | м | 13591 | Jeffrey | Burstein | 41074 7 Mile Rd Ste B | Northville | MI 48167 | 2483470707 | General Practitioner 1 | in |
| | MI MI | 13597 13601 | Douglas James | Cole Decapite | 1974 N Huron River Dr 31544 Schoolcraft Rd | | MI 48197 MI 48150 | 7344823101 7347445457 | General Practitioner I General Practitioner I | .n In |
| 45 | м | 13667 | Scott | Mirriear | 306 W Washington Ave Ste 204 | Jackson | MI 49201 | | General Practitioner I | In |
| | | | | | | | | | | |
| | M | 13867 | Scott David | Minniear Kamen | 306 W Washington Ave Ste 204 6778 Blaegrass Dr | Jackson Clarkston | M 46201 M 48346 | 5177878880 2486252424 | General Practitioner I General Practitioner I | .n In |
| 48 1124170055 | M | 13814 13839 | Todd | Ryan | 57 N Howell St 42430 W 12 Mile Rd Ste 201 | Hilbidale | MI 40242 MI 48377 | 5174371000 2488351315 | General Practitioner I General Practitioner I | in |
| 50 1093813487 | M | 13934 | Mark | Francuck | 406 W Grand River Ave | Brighton | MI 48116 | 8102277059 | General Practitioner 1 | In |
| 51 1114975638 52 1720150535 | M | 14052 14108 | Allen Reymond | Berman Maly | 9430 S Main St Ste 1 43025 Ten Mile Rd | Novi | MI 48170 MI 48375 | 7344532200 2483473700 | General Practitioner I General Practitioner I | in In |
| 53 1003082439 54 1831278795 | M | 14129 14136 | Kely Kevin | Rigney Schmidt | 21800 Pontiac Tri Ste 100 3250 Plymouth Rd Ste 202 | South Lyon Ann Arbor | MI 48178 MI 48105 | 2484378300 7347617830 | General Practitioner I General Practitioner I | in . |
| 55 1508941402 | M | 14138 14156 | Michael | Singleton | 1081 N Ann Arbor St 2385 S Huron Ploxy | Saline | MI 48176 MI 48104 | 7344207415 7340711517 | General Practitioner I General Practitioner I | In |
| | MI | 14173 | Mark | Wolowiec | 6400 Telegraph Rd Ste 1500 | | Mi 45104 Mi 48301 | 2488550824 | General Practitioner I General Practitioner I | .n In |
| | MI MI | 14190 | | Cellini Hostetler | | | M 48124 M 48820 | 3135610500 5176692225 | General Practitioner I General Practitioner 0 | In Out |
| | M | 14273 14300 | J Arthur | Owen Sonneborn | 42430 W 12 Mile Rd Ste 201 1415 W Angele St | | MI 48377 MI 49292 | 2488351315 5177879833 | General Practitioner I Orthodontist | In |
| 62 1497766703 | м | 14300 | Arthur | Sannebarn | 1415 West Argyle | Jackson | MI 49202 | 5177879833 | Orthodontist | n In |
| 63 1124121751 | MI | 14321 | George | Gochanour | 3108 Baker Rd | Dexter | MI 48130 | 7344268336 | General Practitioner I | in |
| 64 1053535914 65 1821140821 | M | 14373 | Brian George | Andresa Atsalis | 40255 Grand River Ave Ste 200 630 S Main St | Novi Ptymouth | MI 48375 MI 48170 | 2484420400 7344531190 | General Practitioner I General Practitioner I | In |
| | | | George | Production of the Institution of | | | | | | |
| 66 1831295369 67 1831295369 | MI MI | 14383 14383 | Norman | Beta Beta | 315 E Eisenhower Pixey Ste 202 1303 S Main St Ste B | Am Arbor Chebea | MI 48108 MI 48118 | 7347815885 7344750710 | Oral Surgeon I Oral Surgeon I | In In |
| 68 69 1346259165 | MI | 14419 14454 | Daniel | Helvey Peoples-Vernier | 3020 Packard Rd 26001 Grand River Ave | Ypsilanti | MI 48197 MI 48240 | 7344343122 3135921100 | General Practitioner I General Practitioner I | In |
| 70 1669481461 | M | 14476 | Lewrence | Vernier | 26001 Grand River Ave | Redford | MI 48240 | 3135921100 | General Practitioner 1 | In |
| 71 1699804971 72 1275607517 | M | 14508 | Jeffrey David | Zanati Betcher | 31904 Grand River Ave 1101 Byron Rd | Farmington Howell | MI 48338 MI 48843 | 2484771500 5175464690 | General Practitioner I General Practitioner I | in In |
| 73 1295841351 74 1518960517 | M | 14713 14776 | Mark Judy | Hanaelman Warren | 1303 Packed St Ste 202 225 S Superior St | Ann Arbor Albion | MI 48104 MI 49224 | 7347891130 5176296175 | General Practitioner I General Practitioner I | In |
| 75 1053412684 | M | 14786 | Kenneth | Williama | 11784 Belleville Rd | Van Buren Twp | MI 48111 | 7346991808 | General Practitioner I | In |
| 78 1497825103 | м | 14875 | Paul | Mortiere | 5958 N Canton Center Rd Ste 600 | Canton | MI 48187 | 7344591950 | General Practitioner | In |
| 77 1033229414 78 1598784837 | M | 14880 | | Shortt Zahn | 12758 10 Mile Rd 2207 Jackson Ave | | MI 48178 MI 48103 | 2484378189 7349949145 | General Practitioner I Periodontist I | In In |
| 79 1487729471 80 1678551182 | M | 15006 | | Lark | 1136 Country Club Rd Ste B | Adrian | M 40221 M 48843 | 5172639022 5175463330 | General Practitioner 1 | In |
| 81 1417095753 | M | 15028 | Sandra | Kanas Embree | 1250 Byron Rd 2340 E Stadium Blvd Sta 7 | Ann Arbor | MI 48104 | 7349730000 | General Practitioner I General Practitioner I | .n In |
| 82 1639371289 83 1093733115 | M | 15032 | Patricia Michael | Fuhis-Wyle Izzo | 416 E Grand River Ave 1310 Warwick Ave | Howell Lincoln Park | M 48843 M 48146 | 5175463180 | General Practitioner 1 General Practitioner 1 | in . |
| | | 15057 | | | | | | | | |
| 84 1174528131 85 1881773471 | M | 15064 | James Maryann | Olien Griffith | 3400 Travis Pointe Rd Ste G 1110 Henry St | Ann Arbor Ann Arbor | MI 48108 MI 48104 | 7349960200 7349733200 | General Practitioner I General Practitioner I | in |
| 88 1063450898 | M | 15065 | John | Sheets | 1615 Carlton Blvd | Jackson | MI 49203 | 5177876776 | General Practitioner 1 | in |
| 87 1114139789 88 1356442958 | M | 15073 | Timotry Michael | Stroater Guest | 10192 Grand River Rd Ste 101 33533 W 12 Mile Rd Ste 150 | Brighton Fermination Hills | MI 48116 MI 48331 | 8102201700 8888338441 | Orthodontiat I General Practitioner I | in . |
| 89 1235183104 | M | 15161 | Todd | Feller | 567 N Hewitt Rd | Ypailanti | M 48197 | 7345289306 | General Practitioner 1 | in |
| 90 1104905777 91 1255425047 | M | 15178 | Jeffery B | Vanhook Schaefer | 50530 Cherry Hill Rd 112 W Grand River Ave | Howell | MI 48187 MI 48843 | 7344953300 5175468983 | General Practitioner I General Practitioner I | in In |
| 92 1447312715 | M | 15249 | Kurt | Hofner Wang | 314 N Lafayette St | South Lyon | MI 48178 MI 48109 | 2484469113 7349365950 | General Practitioner I Periodontiat I | In |
| 94 1619182813 | м | 15274 | Scott | Dexter | 815 Kida Ct | Lansing | MI 48917 | 5173218280 | Pedodortist | in |
| | MI MI | 15323 15326 | Joseph Dina | | 815 Church St | Ann Arbor | MI 48188 MI 48104 | 7349814040 7346688636 | General Practitioner I General Practitioner 0 | In Out |
| | M | 15329 | Mitchell Mark | Kaplan Stanalajizzo | 2301 Platt Rd Ste 100 33566 W 8 Mile Rd Ste D | | MI 48104 MI 48335 | 7349752810 2484420330 | Periodontist I General Practitioner I | In |
| 99 1134245103 | м | 15387 | Susan | Baker-Ochs | 35207 Groesbeck Hwy | Clinton Township | MI 48035 | 5867916655 | General Practitioner | In |
| 100 1841419561 101 1508917725 | MI MI | 15400 15423 | Robert David | | 1 Woodward Ave Ste 1625 8001 N Metriman Rd | Westland | Mi 48228 Mi 48185 | 3132468288 7345226470 | General Practitioner I General Practitioner I | .n In |
| 102 1407075641 103 1972662237 | M | 15441 15442 | Crayton Vincent | Kidd | 25775 W 10 Mile Rd Ste D 23157 Michigan Ave | Southfield | MI 48033 MI 48124 | 2486150277 3135655586 | General Practitioner I General Practitioner I | in In |
| 104 1043347677 | M | 15447 | Linda | Park | 4300 E Court St | Buton | MI 48509 | 8107425140 | General Practitioner I | In |
| | M | 15458 15503 | | Rice Fedewa | 529 N Hewit Rd 1025 W Herbison Rd | Dewit | Mi 48197 Mi 4820 | 7344343820 5176898864 | General Practitioner I General Practitioner I | in |
| 107 1942333851 | MI MI | 15520 15547 | Mark | Stanford | 901 Taylor St Ste A | Chelsea | M 48118 M 48103 | 7344757303 7346827200 | General Practitioner II Orthodontist II | In |
| 109 1538385889 | м | 15547 | Eric | Brust | 515 S Main St | Chelsea | MI 48118 | 7344752260 | Orthodontist | in . |
| | M | 15547 15816 | James | Brust Lee | 8031 Main St Ste 503 3157 Packard St | Ann Arbor | MI 48130 MI 48108 | 7344285544 7349719000 | Orthodontist I General Practitioner I | n In |
| 111 1972716439 | M | 15624 15648 | Todd Kelly | Napieralski Scherr | 123 South St 901 Taylor St Ste A | Chelsea | MI 48118 MI 48118 | 7344758500 7344757303 | General Practitioner I General Practitioner I | in In |
| 112 1962629261 | M | 15648 | Kelly | Scherr | 2820 Baker Rd Ste 200 | Dexter | M 48130 | 7344261580 | General Practitioner 1 | in . |
| 112 1962629261 113 1558425488 114 1558425488 | | | Steven | Mosta | | Jackson | MI 48150 MI 49201 | 7347444144 5177402596 | General Practitioner I General Practitioner I | n In |
| 112 1922929281 113 1558425488 114 1558425488 115 1146442114 116 1635273281 | M M | 15850 15868 | William | Lindow | | | MI 48103 | 7346689988 | General Practitioner 1 | In |
| 112 1982832981 113 158425488 114 1558425488 115 1558425488 115 1194442314 116 1639273281 117 1445733258 | | 15850 15886 15708 15732 | Donald | Lindow Wennersten Mitchell | 75 Scio Charch Rd 29820 Harper Ave Ste A | | M 48052 | | General Practitioner | In |
| 1 12 (96403291 131 (95442948 144 (95442948 156 (19442914 158 (19442914 158 (194291236 157 (44791335 158 (197082756 159 (19754847 | M M M M | 15888 15708 15732 15777 | Donald Vincent Michael | Wenneraten Mitchell Wolfgræm | 29820 Harper Ave Ste A 8103 Holy Rd | Saint Clair Shores Grand Blanc | M 48082 M 48439 | | General Practitioner I General Practitioner I | In In |
| 1 (1) [SBG294] 1 (1) [SBG2948 1 (1) [SBG2948] 1 (1) [SBG2948] 1 (1) [SBG2948] 1 (1) [SBG2947] 1 (1) [S | MI MI MI MI MI | 15866 15708 15732 15777 15809 15812 | Donald Vincent Michael Kent Lori | Wennesden Mitcheil Wolfgram Benham Brown | 29820 Harper Ave Ste A 8103 Holly Rd 164 Ratial St 3100 W Liberty Rd Ste A | Saint Clair Shonea Grand Blanc Deerfield Ann Arbor | MI 48052 MI 4459 MI 4233 MI 4503 | 5174474123 7346838777 | General Practitioner i General Practitioner i General Practitioner i General Practitioner i | In In In |
| 1 (1) [SBG294] 1 (1) [SBG2948 1 (1) [SBG2948] 1 (1) [SBG2948] 1 (1) [SBG2948] 1 (1) [SBG2947] 1 (1) [S | MI MI MI MI | 15888 15708 15732 15777 15809 | Donald Vincent Michael Kent Lori Arthony | Wennersten Mitchell Wolfgram Benham | 29820 Harper Ave Ste A 8103 Holly Rd 164 Ration St | Saint Clair Shores Grand Blanc Dearfield Ann Arbor Howell | MI 48082 MI 48439 MI 40238 | 5174474123 | General Practitoner I General Practitoner I General Practitoner I | in In In In n |
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| 12 | | M | 15856 15891 | Pranav Brian | Pandya Mayday | 1200 S Main St 21 E Main St | Chelsea Milan | MI MI | 48118 48160 | 7344753444 7344301131 | General Practitioner General Practitioner | in In |
| 13 | 1851468813 | M | 15898 | Dennis | Fasbinder | 1011 N University Ave | Ann Arbor | M | 48109 | 7349365950 | General Practitioner | In |
| 133 | | M | 15949 15985 | Kimberly Scott | Doman | 42550 Garfield Rd Ste 104b 102 S Pearl St | Clinton Township Tecumseh | M | 48038 49286 | 5862282800 5174234700 | General Practitioner I General Practitioner I | in |
| 13 | 4 1184724361 5 1760508519 | M M | 16006 | Stephen William | | 31100 Telegraph Rd Ste 120 1800 N Milford Rd Ste 200 | Bingham Farma Milford | | 48025 48381 | 2485409191 2485848448 | Endodontiat I General Practitioner | in In |
| | 6 1982720033 | | 16052 16072 | Ama John | Chong-Huszti | 1800 N Milford Rd Ste 200 42000 6 Mile Rd Ste 210 | Milford Northville | | 48381 48168 | 2485848448 2483474250 | General Practitioner General Practitioner | in In |
| 13 | 1932244837 | MI | 16087 | Lisa | Powell | 1101 N Ann Arbor St | Saline | M | 48176 | 7344292522 | General Practitioner | In |
| 14 | 1639256423 | M | 16092 | Mario | Tomei | 2430 Washtenew Ave 32300 Schoolcraft Rd | Ann Arbor Livonia | M | 48104 48150 | 7347894070 7342817555 | General Practitioner | Out In |
| 14 | | | 16116 | | | 18901 W Warren Ave 23595 Novi Rd Ste 100 | Detroit Novi | | 48228 48375 | 3132714500 2487358700 | General Practitioner 1 Endodontist | In In |
| | | | 16152 16162 | Michael Terry | | 22731 Newman St Ste 125 3085 W Russell Rd | Dearborn Tecumseh | | 48124 49286 | 3135659118 5174232135 | Endodontiat I General Practitioner | in . |
| 14 | 5 1639277668 | M | 16252 | Kathleen | Gibney | 19511 Mack Ave | Grosse Pointe Woods | M | 48236 | 3138827152 | General Practitioner | In |
| 14 | | M | 16401 | Josephine | | 12947 Northine Rd | Southgala | M | 48195 | 7342858666 | Pedodonfist | In |
| 14 | 7 1205011772 8 1407991599 | M M | 16416 16429 | Steve | | 2775 E. Grand River Ave Ste 1 19249 Allen Rd | Howell Brownstown Twp | M M | 48843 48183 | 5175463440 7344792990 | General Practitioner I Oral Surgeon | in In |
| 14 | 9 1710008065 0 1831277904 | M | 16431 16473 | Shyroze Robert | Rehemula | 2345 S Haron Pixey 25000 Joseph | Ann Arbor Novi | M | 48104 48375 | 7349739155 2484760800 | General Practioner I Oral Surgeon | in . |
| 15 | 1316915044 | M | 16484 | Jason | Golnick | 21213 Econe Rd | Taylor | м | 48180 | 3132927777 | Pedodontist | In |
| 150 | | M | 16484 16487 | Jason Renee | Golnick Genan | 2300 Haggerty Rd Ste 1180 22900 Pontiec Trl | Weat Bloomfield South Lyon | M | 48323 48178 | 2486680022 2484371620 | Pedodonfat I Orthodonfat | in In |
| 15 | 4 1932377579 5 1497883284 | M | 16491 16497 | Holly Bonnie | | 13992 Meniman Rd 1819 W Stadium Blvd | Livonia Ann Arbor | | 48154 48103 | 7344227525 7347612144 | General Practitioner General Practitioner | in In |
| 150 | 6 1700928496 | M | 16504 | David Karim | Salah | 21580 Novi Rd Ste 100 100 Powell Dr Ste 5 | Novi Dundee | M | 48375 48131 | 2483497560 7348235990 | General Practitioner I General Practitioner I | in . |
| 15 | 8 1396960613 | MI | 16537 | Samuel | Fandino | 1075 Maple St | Plymouth | M | 48170 | 7344545656 | General Practitioner | In |
| | | | 16565 | | | 18320 Farmington Rd 33533 W 12 Mile Rd Ste 150 | Livonia Farmington Hills | | 48152 48331 | 2484827020 8888338441 | General Practitioner I General Practitioner | in |
| | | | 16591 16634 | | | 2390 S State St 5690 Monroe St | Ann Arbor Sylvania | | 48104 43560 | 7346659104 4194793939 | Prosthodontist Onal Surgeon | in |
| 16 | 3 1437173192 | м | 16841 16868 | Kenneth Wayne | Norwick | 23851 Ford Rd 2700 W Grand River Ave | Dearborn Howell | м | 48128 48843 | 3132744800 5175467211 | Orthodontist. I General Practitioner | in . |
| 165 | 5 1700905403 | M | 16705 | Andre | Haerian | 7928 Secor Rd | Lambertelle | MI | 48144 | 7348546221 | Orthodontist | in In |
| | 8 1639285752 7 1720118359 | | 16722 16724 | Mark Raymond | | 111 N Haron St 1520 Horton Rd | Ypsilanti Jackson | | 48197 49203 | 7344804250 5177842061 | General Practitioner I General Practitioner | In In |
| | | | 16731 | Patricia Kevin | | 2955 Golfside Rd 4519 Page Ave | Ypsilanti Michigan Center | | 48197 49254 | 7344344400 5177643870 | General Practitioner | in |
| | 1487602140 | M | 16770 | | Barber | 2331 N Lilley Rd 7200 Dan Hoey Rd Ste B | Plymouth Dester | ы | 48170 48130 | 7344538650 7344265220 | General Practitioner | In Out |
| 17 | 2 1710075460 | м | 16871 | Nadia | Hamouda | 203 S Zeeb Rd Ste 201 | Ann Arbor | м | 48103 | 7342220055 | General Practitioner | in |
| 17: | | м | 16885 16900 | | Peacock | 1303 Packard St Ste 101 519 W Main St | Ann Arbor Milan | м | 48104 48160 | 7347813118 7344391543 | Orthodontiat E General Practitioner | in |
| 175 | 5 1427123413 | м | 16931 16936 | Sharon | Dow | 211 Harley St 515 S Main St Ste 4 | Jonesville Chetsea | M | 49250 48118 | 5178400195 7344751866 | General Practitioner I General Practitioner I | in |
| 17 | 7 1255481248 | MI | 16944 | Susan | Luft-Marcotte | 30903 W 10 Mile Rd Ste A | Farmington Hills | M | 48338 | 2484260011 | General Practitioner | in |
| 171 | 8 1083839658 9 1942276837 | M | 16960 16992 | Alizia Mathew | Matuszak | 2881 Platt Rd 10511 Citation Dr Ste 100 | Ann Arbor Brighten | M | 48104 48116 | 7349759900 8102296624 | General Practitioner I General Practitioner I | in In |
| 18 | 0 1033184882 1 1376896815 | M M | 17017 17081 | Byung Jae Mathew | Lee Talcoti | 10700 Pelham Rd 434 N Center St | Taylor Northelle | M | 48180 48167 | 3133881100 2483494111 | General Practitioner I General Practitioner I | in |
| 18 | 2 1605898477 | м | 17086 | Andrea | Nakaher | 31800 Northweatern Hwy Ste 380 | Farmington Hills | м | 48334 | 2488554142 | Orthodontist | In . |
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| 18 | | | 17100 | Charles Abdullah | Sayed | 335 W Lake Lansing Rd Ste 100 45185 Joy Rd Ste 101 | East Lansing Canton | | 48823 48187 | 5173369880 2489010000 | Periodontist I | in In |
| 18 | 5 1689549531 | M | 17124 | Regina | Zaja | 2220 S Huron Pkwy | Ann Arbor | м | 48104 | 7347612629 | General Practitioner I | In |
| 18 | 8 1366480253 | M | 17163 | Virginia Gulafahan | Eick Murahey | 10407 Grand River Rd Ste 900 1866 Packard Rd | Brighton Ypsilanti | M | 48116 48197 | 8102276567 | General Practitioner | in . |
| 18 | | | 17202 | | | 2220 S Haron Play | Ann Arbor | | | 7347612629 | General Practitioner | In |
| 185 | 9 1205963014 | м | 17224 | Brian | Giammalva | 8841 W Grand River Ave Ste 6 | Brighton | MI | 48116 | 8102274224 | General Practitioner 1 | In |
| 190 | | | 17225 17244 | David Natalie | | 2425 Owen Rd 2310 E Stadium Blvd | Fenton Ann Arbor | | 48430 48104 | 8106297682 7349716400 | General Practitioner I General Practitioner | in In |
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| | | | 18271 18272 | Leyvee Lynn Monish | Jacoba Bhola | 41017 Ann Arbor Rd E 31636 Schoolcraft Rd | Ptymouth Livenia | | 48170 48150 | 7344594077 7345227313 | Periodontiat Periodontiat | in In |
|---|---|---|---|---|--|--|--|---|---|---|--|---|
| 262 | 2 1679584015 | M | 18272 | Monish | Bhola | 41017 Ann Arbor Rd E 155 N Carton Center Rd | Plymouth | M | 48170 | 7344594077 | Periodontist | In |
| 264 | 4 1053318634 | M | 18285 18298 | Robin Steven | Bernard Gusfa | 24825 Michigan Ave | Carton Dearborn | M | 48187 48124 | 7348441300 3135855350 | General Practitioner General Practitioner | in |
| | 5 1821124678 6 1164509055 | | 18307 | Farezia Padmalektua | Ahmed Ramani | 428 S Grove St Ste D 57116 10 Mile Rd | Ypailanti South Lyon | | 48198 48178 | 7345472800 2488262400 | General Practitioner General Practitioner | In In |
| 267 | 7 1851499743 | м | 18335 | Daniel | Edwards | 2411 Oak Valley Dr Ste 600 | Ann Arbor | M | 48103 | 7347611122 | General Practitioner | Out |
| 269 | | M | 18349 18371 | Laura Ivan | Edwarda Samano | 2350 Green Rd Ste 190 36700 Woodward Ave Ste 200 | Ann Arbor Bioomfield Hills | M | 48105 48304 | 7347476700 2482902900 | Orthodontist General Practitioner | In In |
| | 0 1740356203 | M | 18378 | Colleen | Bullard | 5425 Whiteker Rd 2330 E Stadium Bird Ste 2 | Ypsilanti Ann Arbor | | 48197 48104 | 7344800033 7349732727 | General Practitioner Endodortiat | In In |
| 272 | 2 1578772638 | м | 18392 | Nancy | Vanabitine | 1900 Packard Rd | Ypsilanti | MI | 48197 | 7344828500 | General Practitioner | In |
| 274 | 4 1144277203 | M M | 18403 18408 | Erin Thomas | Shelton-Sparka Vokal | 51817 Gratiot Ave | Milford Chesterfield | M | 48381 48051 | 2486858748 5868464890 | General Practitioner Endodontiat | In In |
| 275 | 5 1952517179 | MI MI | 18411 18416 | Scott Rahul | Hodas | 17 S Main St 418 N Main St | Clawson Brooklyn | M | 48017 49230 | 5175928422 | General Practitioner General Practitioner | In |
| 277 | 7 1750461489 | | 18447 | Steven | Gray | 2385 S Huron Ploay | Arm Arbor | M | 48104 | 7346778700 | General Practitioner | In |
| | 8 1619006509 | м | 18470 | Samer | Shouldeh | 42448 Cherry Hill Rd Ste 100 | Canton | м | 48187 | 7348441000 | General Practitioner | In |
| | | MI MI | 18494 18512 | Margaret Rachel | Stanhouse Stockhausen | 42801 Schoolcraft Rd 37641 Pembroke Ave | Phymouth Livenia | M | 48170 48152 | 7344202328 7347449447 | General Practitioner Endodontiat | In |
| | | | 18557 | James | Boynton | 1540 E Medical Center Dr | Ann Arbor | | 48109 | 7349365950 | Pedodontist | In |
| 282 | 2 1235161860 | м | 18590 | Mayarik | Vora | 6251 Grand River Rd Ste 600 | Brighton | м | 48114 | 5175522000 | Endodontist | In |
| 283 | 1639248586 | M | 18805 | Lisa | Bowerman Malcheff | 2340 E Stadium Blvd Ste 7 | Ann Arbor | | 48104 | 7349730000 | General Practitioner | In |
| | 4 1124221312 5 1437179462 | M | 18630 18646 | Sam Tammy | Machell | 1657 N Centon Center Rd 114 N Main | Canton Perry | | 48187 48872 | 7343357270 5176254163 | Pedodontist General Practitioner | In |
| | 8 1326062175 7 1598770273 | M | 18857 | Maria Mark | Monulin Jacoba | 118 Cole Rd 38400 5 Mile Rd | Monroe Livonia | | 48162 48154 | 7342415115 7345914145 | General Practitioner General Practitioner | In In |
| 288 | 8 1598770273 | M M | 18677 | Mark John | Jacoba Smith | 6480 N Canton Center Rd | Canton | M | 48187 48130 | 7342071800 | General Practitioner | In |
| | | M | 18684 | John | Smith | 7141 Deater Pinckney Rd | Dexter | M | | | General Practitioner | In |
| 290 | 0 1306053996 1 1164644209 | M M | 18684 18706 | John Neha | Smith Batra | 497 Waterstradt Commerce Dr 15340 23 Mile Rd | Dundee Macomb | MI MI | 48131 48044 | 7348235000 5862478730 | General Practitioner General Practitioner | In |
| 292 | 2 1972675312 | M | 18720 | Suhai | Mali | 31350 Telegraph Rd Ste 101 | Bingham Farms | M | 48025 | 2485949592 | General Practitioner | In |
| | | M | 18721 18743 | William Amit | Stevenson Batra | 1245 E M 36 52856 Hayes Rd | Pinckney Macomb | M | 48169 48042 | 7348783145 5866975272 | General Practitioner Pedodontist | In In |
| | 5 1770637688 | м | 18754 | Supraja | Mundia | 5970 N Lilley Rd | Canton | м | 48187 | 7349815455 | General Practitioner | In |
| 236 | 8 1265587919 | м | 18763 | Тгаску | Upell | 6127 Rawsonville Rd Ste 118 | Van Buren Twp | м | 48111 | 7348791903 | General Practitioner | In |
| 907 | 7 1346362241 | MI | 18769 | Sanah | Carrico | 8841 W Grand River Ave Ste 1 | Brighton | м | 48116 | 8102279015 | Pedodontist | In |
| 298 | 8 1073641882 | | 18784 | Brent | Kalb | 7225 Dan Hoey Rd Ste 100 | Dexter | | 48130 | 7344269000 | General Practitioner | In |
| 300 | 1225214570 | M | 18803 18846 | Robert Elizabeth | Stevenson Meade | 3443 W Liberty Rd 2780 Packard Rd | Ann Arbor Ypsilanti | M | 48103 48197 | 7349940909 7344811060 | General Practitioner Orthodontist | in |
| | 1 1184613309 2 1952490310 | M | 18847 | Brian Jeffrey | Meade Brink | 2780 Packard Rd 7305 E Mi State Road 36 | Ypsilanti Whitmore Lake | | 48197 48189 | 7343402450 8102312288 | Endodontist General Practitioner | in In |
| 303 | 3 1558567586 | M | 18915 | Paul | Hwang | 42000 6 Mile Rd Ste 120 | Northville | M | 48168 | 2483053289 | Orthodontist | In |
| 305 | 5 1376612101 | ы | 18927 18929 | Debby Randy | Hwang Freij | 3768 Packard St Ste B 31393 W 13 Mile Rd Ste 100 | Ann Arbor Farmington Hills | M | 48108 48334 | 7349750100 2485393088 | Periodontist General Practitioner | In |
| 306 | 8 1063461267 | M | 18945 | Swapna David | Kakarla Traynor | 20750 W Old Lla Hwy 12 7200 Dan How Rd Ste D | Chelsea Dester | | 48118 48130 | 7344758911 7344249671 | General Practitioner General Practitioner | in In |
| 308 | 8 1295885416 | м | 19073 | Andrew | Schoonover | 203 1/2 E Main St | Dewit | м | 48820 | 5176892225 | General Practitioner | In Out |
| 309 | | M M | 19091 19093 | Mathew Kelly | Lindemann Misch | 4252 S Linden Rd 411 E Eisenhower Ploay | Fänt Ann Arbor | | 48507 48108 | 8107327900 7349751743 | Endodontiat Periodontiat | In |
| | 1 316167612 | м | 19098 | Million | Pinaku | 9880 E Grand River Ave Ste 150 | | M | 48116 | 8102272626 | Oral Surgeon | in . |
| 312 | 2 1891762381 | M | 19124 | Kristin | Pinaky Timpner | 42301 Cherry Hil Rd | Brighton Canton | M | 48188 | 7349814040 | General Practitioner | In In |
| 313 | 3 1134286891 | м | 19175 | Alinza | Arrinteri | 760 W Eisenhower Picey | Ann Arbor | M | 48103 | 7343302205 | Endodontiat | In |
| | 4 1881814275 | м | 19178 | Kristina | Palmer | 3333 S Pennaylvania Ave Ste 200 | Larsing | м | 48910 | 5173934900 | General Practitioner | In |
| 316 | 6 1639468226 | M M | 19197 19206 | Neil John | Kinta Zang-Bodia | | Jackson East Lansing | | 49201 49823 | 5177870550 5173516077 | General Practitioner Onhodontiat | In In |
| | | M | 19227 19252 | Huy Moufida | Nguyen Khalife | 415 W Commerce Rd 47299 Five Mile Rd | Commerce Township Ptymouth | | 48382 48170 | 2483635388 7344593200 | General Practitioner General Practitioner | In |
| 319 | 9 1902317845 | M | 19290 | Ashok | Sundar | 18181 W 12 Mile Rd Ste 1 | Lafnup Village | M | 48076 | 2488499310 | General Practitioner | In |
| | 0 1821283995 1 1417026287 | M | 19294 19344 | Travia Jeffrey | Stemer Boogren | 158 Barker Rd 425 W Haron St Ste 140 | Whitmore Lake Milford | | 48189 48381 | 7344492081 2486849555 | General Practitioner General Practitioner | In In |
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|---|---|--|---|--|--|--|---|--|--|---|---|--|--|
| | 391 | 1942515168 | м | 20225 | Rachel | Hicka | 497 Waterstradt Commerce Dr | Dundee | м | 48131 | 7348235000 | General Practitioner | In |
| | 392 | 1457672689 | м | 20226 | Kenneth | Merriot | 40255 Grand River Ave Ste 200 | Novi | м | 48375 | 2484420400 | General Practitioner | In |
| | 393 | 1699087635 | M | 20228 | | | 315 S Howell St | | M | 48169 | 7348783167 | General Practitioner | In |
| | 395 | 1689781407 | M | 20245 | Youngioo | Kim | 1303 Packard St Ste 301 | Ann Arbor | M | 48104 | 7346621591 | Pedodontist | In In |
| AAABBB | 396 | 1558802797 1780995043 | | | | Thosarud Patel | 2135 Monroe St 2340 E Stadium Blvd Ste 6 | Dearborn Ann Arbor | M | 48124 48104 | 3135810400 7349945353 | | In In |
| | | | | | | | | | | | | | |
| | 398 | 1780995043 | M | 20257 | Hetal | Patel | 2200 N Centor Center Rd Ste 100a | Canton | м | 48187 | 7349818040 | General Practitioner | In |
| | | | M | | Wei | Wang | 905 W Eisenhower Cir Ste 105 49 F Main St | | M | | | | In . |
| | 401 | 1679880728 | M | 20262 | John | Hamarink | 159 S Harvey St | Plymouth | M | 48170 | 7344558686 | General Practitioner | In |
| | 402 | | M | 20263 | Andrew | Obien | 400 W Main St Ste 113 | Gaylord | м | 49735 | 9894482850 | Oral Surgeon | In |
| | | | M | | Aaron | | 8641 W Grand River Ave Ste 1 | Brighton | M | | 8102279015 | | In |
| | 405 | 1003255167 | M | 20266 | Aaron | Havens | 5900 S. Main Stree | Clarkston | м | 48346 | 2486745210 | Orthodontist | In |
| | | | M | | | Allswing Gupta | | | M | | | | In In |
| DescD | 408 | 1114210002 | | 20359 | Ahmad | Deebajah | 34405 Grand River Ave | Farmington | M | 48335 | 2484783285 | General Practitioner | In |
| NN <td>410</td> <td>1598059958</td> <td>M</td> <td>20377</td> <td>Mark</td> <td>Oldakowski</td> <td>9178 E Us Highway 223</td> <td>Blissfield</td> <td>M</td> <td>49228</td> <td>5174862030</td> <td>General Practitioner</td> <td>In</td> | 410 | 1598059958 | M | 20377 | Mark | Oldakowski | 9178 E Us Highway 223 | Blissfield | M | 49228 | 5174862030 | General Practitioner | In |
| | 411 | 1619250494 | M | 20381 | Bradley | Stieper | 2355 W Stadium Bhd | Ann Arbor | MI | 48103 | 7346827200 | Orthodontist | In |
| | | | M | | | | | | | | | | In |
| | 414 | 1922394196 | MI | 20400 | Andrew | Dil | 1120 W Huton St | | M | 48103 | | | In In |
| ABDD <td></td> <td>In In</td> | | | | | | | | | | | | | In In |
| | | | | | | | | | | | | | In |
| | 418 | 1922396183 | м | 20417 | Rosalee | Justema | 3100 E Eisenhower Play Ste 200 | Ann Arbor | м | 48108 | 7349713368 | Pedodortist | In |
| | | | | | | | | | MI | | | | In |
| | 421 | 1699060285 | M | 20459 | Deuglia | Cabel | 11436 Highland Rd | Hatland | M | 48353 | 8106325685 | General Practitioner | In |
| Math <th< td=""><td>423</td><td>1528346459</td><td>M</td><td>20501</td><td></td><td></td><td>1900 Packard Rd</td><td>Ypailanti</td><td>M</td><td>48197</td><td>7344827466</td><td></td><td>In</td></th<> | 423 | 1528346459 | M | 20501 | | | 1900 Packard Rd | Ypailanti | M | 48197 | 7344827466 | | In |
| AABB <td>424</td> <td>1841616190</td> <td>M</td> <td>20510</td> <td>Evelyn</td> <td>Lucas-Perry</td> <td>3785 Carpenter Rd</td> <td>Ypsilanti</td> <td>м</td> <td>48197</td> <td>7342724527</td> <td>General Practitioner</td> <td>in .</td> | 424 | 1841616190 | M | 20510 | Evelyn | Lucas-Perry | 3785 Carpenter Rd | Ypsilanti | м | 48197 | 7342724527 | General Practitioner | in . |
| | | | | | | | | | | | | | |
| | | | M | | Amandeep Ahmed | Kaur Syeda | | | M | | | | In . |
| | 428 | 1982901674 | M | 20594 | Wojciech | Dobracki | 606 W Stadium Blvd | Ann Arbor | M | 48103 | 7347476400 | General Practitioner | in . |
| | | | *** | | | | | | | | | | |
| | | | M | | | | | | M | | | | In In |
| Norm | 432 | 1780932418 | M | 20641 | Dorothy | Ruhlig | 3075 W Clark Rd Ste 209 | Ypsilanti | MI | 48197 | 7344346020 | General Practitioner | In |
| | 434 | 1619238987 | M | 20663 | Mathew | Green | 519 W Main St | Milan | M | 48160 | 7344391543 | General Practitioner | In |
| | 435 | 1902168271 | | | | | | | | | | Orthodontist | In . |
| N | 437 | 1073529707 | он | 20672 | Brad | Barricklow | 7135 Sylvania Ave Ste 1a | Sylvania | OH | 43560 | 4198851115 | General Practitioner | In |
| | | | M | 20684 | Andrea | | | Canton | м | | | | In |
| 11< | | | M | | | | 40400 Ann Arbor Rd E Ste 202b | Plymouth | M | | | | in . |
| Abban Abban <t< td=""><td>441</td><td>1508128489</td><td>MI</td><td>20711</td><td>Milad</td><td>Rabban</td><td>38550 Garfield Rd Ste C</td><td>Clinton Township</td><td>M</td><td>48038</td><td>5864161444</td><td>General Practitioner</td><td>In</td></t<> | 441 | 1508128489 | MI | 20711 | Milad | Rabban | 38550 Garfield Rd Ste C | Clinton Township | M | 48038 | 5864161444 | General Practitioner | In |
| | 442 | 1033470281 1235491259 | M | | | | 7141 Denter Pinckney Rd 584 S Main St | | M | 48130 48170 | | | In In |
| | 444 | 1487900767 | M | 20757 | Mathew | Laurich | 30620 W 12 Mile Rd | Farmington Hills | M | 48334 | 2485530110 | General Practitioner | In |
| ABBB <t< td=""><td>446</td><td>1063821718</td><td>M</td><td>20776</td><td>Christopher</td><td>Mowatters</td><td>2330 E Stadium Blvd Ste 2</td><td>Ann Arbor</td><td>M</td><td>48104</td><td>7349732727</td><td>Endodontiat</td><td>In</td></t<> | 446 | 1063821718 | M | 20776 | Christopher | Mowatters | 2330 E Stadium Blvd Ste 2 | Ann Arbor | M | 48104 | 7349732727 | Endodontiat | In |
| | 447 | 1144341488 | | | | | | | | 43560 48103 | | | In In |
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| 541 13560395607 DH 21810 Mathew Holdship 1650 Eastpake R4 Sile A Takebo DH 43814 4195172100 Deil Surgeon In | 441 442 443 443 444 444 445 444 445 446 447 448 449 449 449 449 449 449 449 449 449 449 449 449 449 449 449 449 | Jabraka Jabraka <td< td=""><td>Main Main Main <td>Josal Josal Josal Josal Josal<td>Nature Nature Outer Outer</td><td>Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage Stage</td><td>Not 8 Not 1 Sec 8 Not 8 Not 8 Not 8 Sec 8 Not 9 Not 8 Sec 8 Not 8 Sec 8<!--</td--><td>Papank Papank Chies Chies</td><td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Goura Pactores Pacioacta National Conser Pactores Conser Pacto</td><td></td></td></td></td></td></td></td<> | Main Main <td>Josal Josal Josal Josal Josal<td>Nature Nature Outer Outer</td><td>Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage Stage</td><td>Not 8 Not 1 Sec 8 Not 8 Not 8 Not 8 Sec 8 Not 9 Not 8 Sec 8 Not 8 Sec 8<!--</td--><td>Papank Papank Chies Chies</td><td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Goura Pactores Pacioacta National Conser Pactores Conser Pacto</td><td></td></td></td></td></td> | Josal Josal Josal <td>Nature Nature Outer Outer</td> <td>Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage Stage</td> <td>Not 8 Not 1 Sec 8 Not 8 Not 8 Not 8 Sec 8 Not 9 Not 8 Sec 8 Not 8 Sec 8<!--</td--><td>Papank Papank Chies Chies</td><td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Goura Pactores Pacioacta National Conser Pactores Conser Pacto</td><td></td></td></td></td> | Nature Outer | Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage | Not 8 Not 1 Sec 8 Not 8 Not 8 Not 8 Sec 8 Not 9 Not 8 Sec 8 Not 8 Sec 8 </td <td>Papank Papank Chies Chies</td> <td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Goura Pactores Pacioacta National Conser Pactores Conser Pacto</td><td></td></td></td> | Papank Papank Chies | Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Goura Pactores Pacioacta National Conser Pactores Conser Pacto</td><td></td></td> | 4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td> <td>Goura Pactores Pacioacta National Conser Pactores Conser Pacto</td> <td></td> | NUMBER NU | Goura Pactores Pacioacta National Conser Pactores Conser Pacto | |
| International Control (1) In | 441 442 443 443 444 445 444 445 446 447 448 449 449 441 441 442 444 444 446 446 446 446 446 446 446 446 446 447 447 447 447 447 447 447 447 447 447 448 449 449 449 449 449 449 449 449 449 449 449 449 449 | Jabraka Jabraka Jabraka Jabraka <td>Main Main Main <td>Josal Josal Josal Josal Josal<td>Nature Nature Outer Outer</td><td>Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage Stage</td><td>Nob S Anno Martin Second S Anno Martin 2013 Mark Martin Second S Anno Mark Mark Mark Mark Mark Mark Mark Mark</td><td>Papank Papank Abake Salan Salan</td><td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Gause Pachetore Pachetore Pachetore Pachetore Oracio Pachotore <</td><td>in in in </td></td></td></td></td> | Main Main <td>Josal Josal Josal Josal Josal<td>Nature Nature Outer Outer</td><td>Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage Stage</td><td>Nob S Anno Martin Second S Anno Martin 2013 Mark Martin Second S Anno Mark Mark Mark Mark Mark Mark Mark Mark</td><td>Papank Papank Abake Salan Salan</td><td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Gause Pachetore Pachetore Pachetore Pachetore Oracio Pachotore <</td><td>in in in </td></td></td></td> | Josal Josal Josal <td>Nature Nature Outer Outer</td> <td>Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage Stage</td> <td>Nob S Anno Martin Second S Anno Martin 2013 Mark Martin Second S Anno Mark Mark Mark Mark Mark Mark Mark Mark</td> <td>Papank Papank Abake Salan Salan</td> <td>Main Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Gause Pachetore Pachetore Pachetore Pachetore Oracio Pachotore <</td><td>in in in </td></td></td> | Nature Outer | Baneak Amat Amat Amat Kana Banay Banay Stage Stage Mark Stage | Nob S Anno Martin Second S Anno Martin 2013 Mark Martin Second S Anno Mark Mark Mark Mark Mark Mark Mark Mark | Papank Papank Abake Salan | Main Main <td>4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td><td>Gause Pachetore Pachetore Pachetore Pachetore Oracio Pachotore <</td><td>in in in </td></td> | 4479 4479 4479 4479 4479 4479 4479 4479 4470 <td>NUMBER NUMBER NU</td> <td>Gause Pachetore Pachetore Pachetore Pachetore Oracio Pachotore <</td> <td>in in in </td> | NUMBER NU | Gause Pachetore Pachetore Pachetore Pachetore Oracio Pachotore < | in |
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| 517 | | | | | | | | | | | | |
|--|---|---|---|---|--|--|--|--|---|---|--|---|
| | 6 1396192217 | M | 21836 | | | 609 W South St | Mason Dester | | | | General Practitioner | In |
| | 7 1093164394 8 1336590223 | M | 21847 21864 | | | 7225 Dan Hoey Rd Ste 100 2100 Washtenaw Rd | Ypsilanti | M | | 7344269000 7344854600 | General Practitioner General Practitioner | In |
| | 9 1518316306 0 1821446840 | M | | | | 22100 Outer Dr 7785 E M 38 | | | | 3135635855 8102319630 | General Practitioner General Practitioner | In |
| 521 | 1023468691 | M | 21926 | Nicholas | Kizy | 45520 Tyler Rd | Van Buren Township | м | 48111 | 7343358000 | General Practitioner | In |
| 522 | | M | 21943 21944 | Jaime Mathew | | 510 N Ann Arbor St 203 S Zeeb Rd Ste 104 | | M | | 7344204111 7342229140 | General Practitioner General Practitioner | Out |
| 524 | 4 1134572472 | M M | 21961 | Ly | Van | 900 E Michigan Ave Ste 100 | Jackson | м | 49201 | 5173763142 | Pedodontist | in In |
| 525 | 5 1902858814 8 1750838397 | M | 21988 22021 | Stephen Kevin | | 22615 Michigan Ave 4075 Stone School Rd | | MI MI | | 3135634466 7349712200 | General Practitioner General Practitioner | In |
| 527 | 7 1083901425 | M | 22038 | Sean | Pack | 325 W Lake Lansing Rd | East Lansing | M | 48823 | 5173379759 | Oral Surgeon | In |
| | 8 1326485079 9 1417308461 | M | | | Watwe Crema | 107 E Washbanaw St 450 S Wagner Rd | Lansing Ann Arbor | MI MI | | 5174875686 7346688420 | General Practitioner General Practitioner | In |
| 530 | 0 1154701989 | M | 22161 | Molly | Doyle | 1150 Mason St | Dearborn | M | 48124 | 3134291005 | Pedodontist | In |
| 531 | 1 1295264703 2 1386174753 | M | 22195 22207 | | | 876 Stewart Rd Ste A 818 W Lake Lansing Rd | Monroe East Lansing | M | | 7342414011 5173339500 | General Practitioner General Practitioner | in In |
| 533 | 3 1538698600 | M | 22210 | Kayta | Myers | 625 E Main St | Pinckney | M | 48169 | 7348789019 | General Practitioner | In |
| 534 | 4 1134654023 | MI | 22213 | Teba | Rashid | 1200 S Main St | Cheisea | M | 48118 | 7344753444 | General Practitioner | In |
| | 5 1851829469 | м | 22222 | Vanessa | Donastorg | 10192 Grand River Rd Ste 104 | Brighton | M | | 8102275138 | General Practitioner | In |
| | 8 1730604117 7 1881123828 | M | | | | 36400 5 Mile Rd 36444 Wamen Rd | | | | 7345914145 7342616060 | General Practitioner General Practitioner | In In |
| 538 | 8 1629598776 9 1972733038 | M | 22291 22300 | | | 5895 John R Rd 25680 Pontiac Tri | | M | | 2488283091 2484462700 | General Practitioner General Practitioner | In |
| | 0 19/2/33038 0 1346770534 | M | 22300 22302 | | | 25660 Pontac Tri 42301 Cheny Hil Rd | South Lyon Canton | M | | 2484462700 7349814040 | General Practitioner General Practitioner | In Out |
| 541 | 1 1912436908 2 1326561887 | | | Alison Nicholas | | 20750 W Old Lts Hwy 12 1 Woodward Ave Ste 1625 | | | | 7344758911 3132468288 | General Practitioner General Practitioner | In |
| 543 | 3 1144873332 | | 22373 | | Fraser | 4258 E Grand River Ave | Howell | м | 48843 | 8102271950 | Orthodontist | In |
| 544 | 4 1700395308 5 1184712287 | M | | | Zerrike Clark | 876 Stewart Rd Ste D 3468 N High St | | M OH | | 7342416550 6142684460 | General Practitioner General Practitioner | in |
| 546 | 6 1114287182 | M | 22420 | Kamile | Brown | 16800 W 12 Mile Rd Sie 101 | Southfield | м | 48076 | 2484239800 | Pedodortist | In |
| 547 | 7 1427445295 8 1013420462 | M | 22449 22456 | | | 2521 Jackson Ave 1795 W Stadium Bhd | | M | 48103 48103 | 7342100677 7346778700 | Oral Surgeon General Practitioner | In |
| 549 | 9 1013420462 | MI | 22456 | Stevon | Sylvera | 2385 S Huron Play | Ann Arbor | M | 48104 | 7346778700 | General Practitioner | In |
| 550 | 0 1205340593 1 1598244949 | M | | | | 37595 7 Mile Rd Ste 450 546 N Lafayette St | Livonia South Lyon | MI MI | | 7348554474 2484861730 | General Practitioner General Practitioner | In |
| 552 | 2 1780180117 | M | 22538 | Balley | Klein | 2715 Packard St Ste B | Ann Arbor | M | 48108 | 7349756700 | General Practitioner | In |
| 554 | 3 1306370457 4 1760923452 | M | 22545 | Riky | Schaff | 5425 Whitaker Rd 2411 Oak Valley Dr Ste 600 | Ypsilanti Ann Arbor | MI | 48103 | 7344800033 7347611122 | General Practitioner General Practitioner | Out |
| 555 | 5 1326496399 | M | 22553 | Sophia | Haynh | 989 South Blvd E Ste 110 | Rochester Hills | M | 48307 | 2482438811 | Pedodortist | In |
| | 8 1093206690 7 1740772656 | M | | | | 6067 Wilson Ave Sw 160 S Industrial Dr | | | | | General Practitioner General Practitioner | In |
| | | | 22575 | | | 760 W Eisenhower Ploay Ste 310 | | | | 7349959966 | | le. |
| | 8 1730672668 | | aave d | Strees | Handa | | Ann Arbor | | 600 W | | General Practitioner | |
| | 9 1578031274 0 1689167157 | M | 22576 | Andreas | Karatsinides | 2775 E Grand River Ave Ste 1 | Howell Ann Arbor | M | 48843 48104 | 5175463440 | General Practitioner | In |
| 561 | 1 1053802629 | м | 22598 | Hasein | Daher | 1110 Henry St. 8056 N Merimen Rd | Weatland | ы | 48185 | 7347622020 | General Practitioner General Practitioner | In |
| 562 | 2 1629569900 | М | 22615 | David | Banconi | 57196 Ten Mile Rd | South Lyon | MI | 48178 | 2484371010 | General Practitioner | In |
| | 3 1518458330 | м | 22637 | Ryan | Rivamonte | 2775 E. Grand River Ave Ste 1 | Howell | м | 48843 | 5175463440 | General Practitioner | In |
| 564 | | M | | | Rosa Shoukr | 3085 W Russell Rd 2240 S Huron Play | | MI MI | 49286 48104 | 5174232135 | General Practitioner General Practitioner | in . |
| 568 | 8 1295221778 | M | 22673 | Maxime | Cannon | 8400 Allen Rd | Allen Park | M | 48101 | 3139288848 | General Practitioner | In |
| | 7 1295221778 | м | | Maxine | | 1049 N Macomb St | Monroe | | | 7342424334 | General Practitioner | In |
| 568 | 8 1649763388 | м | 22677 | Brian | | 2358 Genoa Business Park Dr | Brighton | м | | 8102274111 | General Practitioner | In |
| | | M | | | | 111 N Haron St 1250 Byron Rd | | | | | General Practitioner General Practitioner | ln le |
| 571 | 1629663166 | | | | | 38400 5 Mile Rd | | | | | Orthodontist | in In |
| | | | | | | 6460 N Centon Center Rd 44110 W 12 Mile Rd Ste 200 | | | | | Orthodontist General Practitioner | In |
| 574 | 4 1003394719 | M | 22792 | Chelsey | Rakas | 546 N Lafayette St | South Lyon | M | 48178 | 2484861730 | General Practitioner | In |
| | 5 1639301286 6 1780232827 | M | | | | 584 S Main St 2517 Jackson Ave | | | | 7344535588 7348822777 | General Practitioner Prosthodontist | In |
| 577 | 7 1598914749 | OH | 22853 | Ashley | Parks | 5860 Alexis Rd | Sylvania | OH | 43560 | 4198827187 | Pedodortist | In |
| | 8 1528532462 9 1306331202 | M | | | Taleb Daly | 22914 Michigan Ave 2310 E Stadium Blvd | | | | 3135655507 7349716400 | General Practitioner General Practitioner | In |
| 580 | 0 1518319813 | м | 22940 | Callin | Brokenshire | 603 N Evens St | Teourseh | M | 49288 | 5173178700 | Pedodontist | In |
| | 1 1689601340 2 1780230730 | OH MI | | | | 3036 W Sylvania Ave 1020 E Michigan Ave Ste E | | | | | Pedodontist Orthodontist | In |
| 583 | 3 1821229907 | он | 23066 | | Shumate | 5850 Weckerly Rd | Whitehouse | он | 43571 | 4198775404 | General Practitioner | In |
| | | M M | | | Flanagin | 2517 Jackson Ave 2715 Packard St Ste B | | M | 48103 48108 | | General Practitioner General Practitioner | In |
| 588 | | M | | Joseph | Sheena | 3308 Aubum Rd | | M | 48326 | 2488525222 | General Practitioner | In |
| 587 | 7 1275192684 8 1720647118 | M | | Joseph Joslym | Sheena Zaluski | 21580 Novi Rd Sile 100 123 South St | | M | | | General Practitioner General Practitioner | In |
| 589 | 9 1881255968 | M | 23205 | | | 1795 W Stadium Blvd | Am Arbor | MI MI | 48103 | 7346778700 | General Practitioner | In |
| 591 | 0 1881255986 1 1144307992 | M OH | 23398 | Boley | Greenwood | 2385 S Haron Pkwy 5880 Alexia Rd | Sylvania | он | 43560 | 4198827187 | General Practitioner Pedodortist | In |
| 592 | | он | | Richard | Shumate | 5850 Weckerly Rd 4410 W Alexia Rd | | он | | | General Practitioner General Practitioner | In |
| 593 | 4 1346867132 | | | Ashley | | 5934 Finael Rd | | | | | General Practitioner | In |
| | | | | | | 5850 Weckerly Rd 4359 Keystone Dr Ste 100 | | | | | General Practitioner General Practitioner | in |
| 597 | 7 1164133021 | | | | Flaming | 4359 Keystone Dr Ste 100 | | | | | General Practitioner | in |
| | 8 1104295039 9 1831338262 | M | | | | 1011 N University Ave 1011 N University Ave | | | | 7349385950 7349385950 | General Practitioner General Practitioner | In |
| 600 | 0 1689101507 | wi | 6001026 | Lucas | Schwirtz | 214 Larkin St | Tomah | WI | 54660 | 6083723298 | General Practitioner | In |
| | 1 1821850898 2 1609435676 | M | 600112 | Olivia | Czajkowski | 31904 Grand River Ave | | | | 2484771500 | | In |
| 603 | 3 1316508799 | M | | | Moore | 21800 Pontiac Trl Sta 100 | | | | 2484378300 | General Practitioner General Practitioner | |
| 604 | | M M | 600116 600130 | Meghan Dina | Naser | 21800 Pontiac Trl Ste 100 S867 N Lilley Rd | South Lyon Canton | MI MI | 48178 48187 | 2484378300 7346871644 | General Practitioner Pediodontist | In |
| | 4 1174182356 5 1740697705 | Mi Mi Mi Mi | 600116 600130 600132 | Meghan Dina Kavin | Naser Malerman | 21800 Pontiac Tri Ste 100 | South Lyon Canton Canton Farmington Hills | M M M | 48178 48187 48187 | 2484378300 7346871644 7348441300 | General Practitioner | In In |
| 605 | 6 1740697705 | M M M M M | 800118 800130 800132 800144 | Meghan Dina Kevin Sadiya Shaby Shaby | Naser Malerman Ahsan | 21800 Pontiac Tri Ste 100 5887 N Lilley Rd 155 N Canton Center Rd | South Lyon Canton Canton Famington Hilla | M M M M | 48178 48187 48187 | 2484378300 7346871644 7348441300 8888338441 | General Practitioner Pedodontist General Practitioner | in In In |
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4001 4002 4003 4004 4005 4005 4004 4005 4005 4004 4005 4005 4004 4005 4005 4006 4007 4008 4009 4009 4001 4002 4003 <td>240/000 240/000 240/000 240/000 240/000 240/000 250/000 240/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/0000 250/0000</td> | 240/000 240/000 240/000 240/000 240/000 240/000 250/000 240/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 250/0000 250/000 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| 654 | 1407438017 | м | 600873 | Jaamine | Sesi | 57196 Ten Mile Rd | | | 48178 | 2484371010 | General Practitioner | In |
|--|--|---|---|--|--|--|--|--|--|---|--|---|
| 655 | 1518318617 | M | 600888 | Tsemaa | Batsaikhan | 1820 Whitaker Rd | Ypsilanti | M | 48197 | 7344803600 | General Practitioner | In |
| 656 | 1972187193 1013586825 | M | 600919 600922 | Madeline Xinlei | Wilson Miller | 123 South St 9134 Middlebelt Rd | Chetsea Livenia | M | 48118 48150 | 7344758500 7344646774 | General Practitioner General Practitioner | In In |
| 658 | 1043886658 | M | 600929 | Christina | Kasper | 123 South St | Chelsea | M | 48118 | 7344758500 | General Practitioner | In |
| 659 | 1063095313 | м | 600931 | Alison | Alahatri | 434 N Center St | Northville | м | 48167 | 2483494111 | General Practitioner | In |
| 660 | 1093384364 | M | 600934 600936 | Katherine | Latendresse | 625 E Liberty St Ste 202 5425 Whittaker Rd | Ann Arbor | M | 48104 48197 | 7346686612 7344800033 | General Practitioner General Practitioner | In |
| 662 | 1518535442 | MI MI | 600938 | Ashiym Jordan | Loenser Farah | 5425 Witteast Rd 33533 W 12 Mie Rd Ste 150 | Ypsilanti Farmington Hills | M | 46331 | 8888338441 | General Practitioner | In |
| 663 | 1386212983 | M | 600948 | Alison | Kosinski | 1025 W Herbison Rd | Dewit | M | 48820 | 5176698864 | General Practitioner | In |
| 664 | 1982273389 3 1982273389 | M | 600964 600964 | Alexa | Moffie | 24 Frank Lloyd Wright Dr 24 Frank Lloyd Wright Dr | Ann Arbor Ann Arbor | MI MI | 48105 48105 | 7349304022 7349304022 | General Practitioner General Practitioner | In |
| 665 | 1982273389 | M | 600964 | Alexa Lauren | Weisgerber Morrison | 24 Frank Lloyd Wright Dr 820 Byron Rd Ste 800 | Ann Arbor Howell | M | | | General Practitioner General Practitioner | In In |
| | | | | | | | | | | | | |
| | 1558938365 | M | 600988 | Enkelejda | Tile | 600 N Old Woodward Ave Ste 201 | Bimingham | м | 48009 | 2486460442 | General Practitioner | In |
| | 1750959987 | M | 601013 601013 | Lucas | Mathea Mathea | 2074 S Main St 200 S Main St | Ann Arbor Chebsea | | 48103 48118 | 7346632490 7345622430 | Pedodontist Pedodontist | in In |
| | 1063824464 | M | 601028 | Maria | Allsmail | 1657 N Centon Center Rd | Canton | | | 7343357270 | Pedodoreat | In |
| | 1568034395 | M | 601037 | Hasan | Al Youauf | 1671 West Us Hwy 12 Unit B | Clinton | M | 49238 | 5174569972 | Prosthodontist | In |
| | 1245993336 | M | 601081 | Catherine | El Hadi | 27435 Southfield Rd | Lafnup Village | M | 48076 | 2485520076 | General Practitioner | In |
| | 1245903400 | MI MI | 601113 601117 | Hamash Tommy | Charafeddine Vu | 9115 Telegraph Rd 43025 W 12 Mile Rd | Taylor Novi | | 48180 48377 | 3139081788 2484783232 | General Practitioner Pedodontist | In In |
| | 1245907070 | M | 601126 | Anias | Koleilat | 4860 Washtenaw Ave Ste D | Ann Arbor | M | | | Periodontist | In |
| 676 | 1619649100 | м | 601157 | Rutuja | Jadhav | 2000 Union Lake Rd Ste 218 | Commerce Township | M | 48382 | 2483639345 | Endodontiat | In |
| 677 | 1154833895 | Let . | 601181 | Department | Quilles | 27676 Cherry Hill Rd Ste 201 | Garden City | | 48135 | 7344272880 | General Practitioner | 10 |
| 678 | 1043805526 | M | 601213 | Madison | Fantin | 2300 Haggerty Rd Ste 1180 | Weat Bloomfield | M | | 2486680022 | Pedodortist | In |
| | 1114665569 | м | 601242 | Christian | Shortt | 12756 10 Mile Rd | South Lyon | м | | 2484378189 | General Practitioner | In |
| | | | | | | | | | | | | |
| 680 | 1225816788 | м | 601247 | Hafsa | Affendi | 315 E Eisenhower Ploy Ste 220 | Ann Arbor | M | 48108 | 4847505845 | Endodontiat | In |
| | 1225816788 | M | 601247 | Hafsa | Affendi | 315 E Eisenhower Ploy Ste 220 | Ann Arbor | M | 48108 | 7347613166 | Endodontiat | In |
| | 1760121149 | м | | Fedea | Saleh | | Adrian | | | 5172656292 | General Practitioner | In |
| | 1861123853 | M | 601269 601275 | Michaela Carter | Betta Lee | 123 South St 2360 E. Stadium Blvd Ste 14 | Chetsea Ann Arbor | M | 48118 48104 | 7344758500 7346770793 | General Practitioner General Practitioner | In In |
| | 1679202859 | M | 601275 601275 | Carter | Lee | 2360 E Stadium Blvd Ste 14 50530 Cherry Hil Rd | Ann Arbor Canton | | 48104 48187 | 7346770793 7344953300 | General Practitioner General Practitioner | In |
| 688 | 1336436146 | M | 601304 | Paul | Anderson | 2707 Louanna St | Midland | м | 48840 | 9898355261 | General Practitioner | In |
| | 1386180622 | м | 601317 | Juhi | Shortt | 12756 10 Mie Rd | South Lyon | M | 48178 | 2484378189 | General Practitioner | In |
| | 1588305495 | M | 601320 601342 | Darren Taylor | Davisha Chick | 8130 Grand River Rd 3250 Plymouth Rd Ste 104 | Brighton Ann Arbor | MI MI | 48114 48105 | 8102245800 7340950515 | General Practitioner General Practitioner | In In |
| 659 | | | | capation in the second | | menter - generaliti fili dell' fue | | - | | | an an an Mill F. 1986 (1984) 1981 | |
| | 1235860693 | м | 601342 | Taylor | Chick | 7300 Dexter Ann Arbor Rd Ste 300 | Dexter | м | 48130 | 7344268380 | General Practitioner | In |
| 691 | 1477292498 | м | 601346 | Noah | Cohen | 38444 Warren Rd | | M | 48185 | 7342616060 | General Practitioner | In |
| 692 | 1023747599 1972235406 | M | 601357 601366 | Neam Melissa | Asiaad Brzozowski | 18181 W 12 Mile Rd Ste 1 2277 Science Pixey Ste 3 | Lathrup Village Okamos | M | 48076 48864 | 2488409310 5173406669 | General Practitioner General Practitioner | In In |
| | 1972235408 | M | 601368 | Chase | Brzozowski Leske | 2277 Scence Pkey Ste 3 5895 John R Rd | Troy | M | 48884 48085 | 5173496889 2488283091 | General Practitioner General Practitioner | In |
| | 1255062410 | м | 601383 | Lauren | Bedro | 6259 Grand River Rd | Brighton | м | 48114 | 8102272744 | General Practitioner | In |
| | | | | | | | | | | | | |
| 626 | 1770214132 | M | 601396 | Haley | Lawrence | 7300 Dexter Ann Arbor Rd Ste 300 | Dexter | 141 | 48130 | 7344268380 | General Practitioner | in . |
| | 1770214132 | M | 601396 | Haley | Learence-Pummil | 7300 Dexter Ann Arbor Rd Ste 300 | Dexter | м | 48130 | 7344268360 | General Practitioner | In |
| | 1477282259 | M | | Reem | Bazzi | | Taylor | | 48180 | 7349928688 | General Practitioner | In |
| 629 | 1629709068 1265163422 | M | 601401 601418 | Jay | Wayntraido | 132 Cole Rd | Monroe | M | 48162 | 7342427120 | General Practitioner | In |
| | 1265163422 | M | 801418 | Alina Christina | Fatma Espinosa | 5425 Whitaker Rd 37825 Ann Arbor Rd | Ypsilanti Livonia | | 48197 48150 | 7344800033 7344646774 | General Practitioner General Practitioner | In In |
| | 1811629611 | M | 601428 | Grace | Dahl | 820 Byron Rd Ste 800 | Howell | | 48843 | 5175462240 | General Practitioner | In |
| | 1255851291 | м | 801455 | Hunter | Hazle | 43025 W 12 Mile Rd | Novi | M | 48377 | 2484783232 | Pedodontist | In |
| | 1548992464 | M | 601461 601468 | Peter | Simoski Jacoba | 39555 W 10 Mile Rd Sie 306 24101 Greater Mack Ave | Novi Saint Clair Shores | M | 48375 48080 | 2484427305 5867742400 | General Practitioner General Practitioner | In |
| | | | | | | | | | | | | |
| | 1063145977 | M | 601479 | Mariam | Hanna | 28282 Dequindre Rd | Warren | M | | 5865742620 | General Practitioner | In |
| 706 | 1366029530 | M M | 601479 601482 | | Hanna Bennett | 28282 Dequindre Rd 2074 S Main St | | M | 48092 48103 | 5885742620 7346832490 | Pedodontist | in In |
| 706 | | MI MI | 601479 | Mariam | Hanna | 28282 Dequindre Rd | Warren | | 48092 48103 | 5885742620 | | In In |
| 706 707 708 | 1388029530 1962138820 | M M | 001479 001482 001493 | Mariam Zachary Mathew | Hanna Bennett Bryson | 28282 Dequindre Rd 2074 S Main St 41074 7 Main Rd Sha B | Warren Ann Arbor | M | 48092 48103 48167 | 5885742820 7346832490 2483470707 | Pedodontist General Practitioner | In In |
| 706 707 708 | 1366029530 | MI MI MI | 601479 601482 | Mariam Zachary | Hanna Bennett | 28282 Dequindre Rd 2074 S Main St | Warren Ann Arbor | M | 48092 48103 | 5885742620 7346832490 | Pedodontist | In In In |
| 206 707 708 709 709 709 700 | 1386029630 1962138820 1962138820 | M M M M M M M M M M M M M M M M M M M | 001470 001482 001493 001493 001493 001505 | Mariam Zachary Mathew Mathew Farwad | Hanna Bennett Bryson Bryson Tareen | 2022 Departments Rd 2024 5 Maine D 2075 E Gaund River Ave Ste 1 2775 E Gaund River Ave Ste 1 | Warren Ann Arbor | Mil Mil Mil | 48092 48103 48167 48843 48135 | 5865742620 7346832490 2483470707 5175463440 7344272880 | Pedodorifat General Practiloner General Practiloner General Practiloner | In |
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| Requestor: SHARKNESS |
| Report Run Date: 04/28/2025 |
| Report Date Range: 04/01/2024 To 03/31/2025 |
| Carrier(s): DDPMI |
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P.O. Box 30416 Lansing, MI 48909-7916 https://www.DeltaDentalMI.com

September 28, 2023

Becky McLaughlan Marsh & McLennan Agency, LLC 755 W Big Beaver Rd Ste 2300 Troy, MI 48084-4907

Dear Becky McLaughlan,

Thank you for your continued support of Delta Dental. We value our relationship with you and your clients, and we appreciate your business. Please find enclosed a copy of the contract effective January 1, 2024 between Delta Dental and City of Ann Arbor, Client Number 7600-0001, 0002, 0003, etc.

Please review this contract with your client and return the signed contract to Delta Dental at your earliest convenience. If you have any questions or concerns, please contact me at (248) 489-2214. The signed contract may be sent to my attention at:

Delta Dental Attn: Susan M Harkness P.O. Box 9085 Farmington Hills, MI 48333-9085

If we are not in receipt of the signed contract by the effective date, we will consider remittance of payment as acceptance of the contract, and we will begin administering the client's dental benefits accordingly. By permitting us to do so, your client accepts the terms of this contract in full and agrees that this contract is binding, even if you do not return a signed copy of the contract to us.

Again, thank you for your business. We look forward to providing your client with the best dental benefits programs and services available.

Sincerely,

Syon M. Hartners

Susan M Harkness Senior Account Manager

CC: Ms. Debra Buckson



Ms. Debra Buckson Chief HR & Labor Relations Officer City of Ann Arbor 301 E Huron St FI 6 PO Box 8647 Ann Arbor, MI 48104-1908



Delta Dental Service Contract For City of Ann Arbor

This Service Contract ("Contract") is entered into by and between City of Ann Arbor (the "Contractor") and Delta Dental Plan of Michigan, Inc., a Michigan non-profit corporation ("Delta Dental"). Delta Dental agrees to perform claims administration services for the Contractor's self-funded dental benefit plan. Contractor and Delta Dental may be singularly referred to herein as "Party" and collectively referred to herein as the "Parties". This is a legally binding contract between the Contractor and Delta Dental and is effective on January 1, 2024, the ("Effective Date").

Section I. Declarations

The benefits available are as set forth in this Contract. Delta Dental's liability is limited to the benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision contained in subsequent sections of this Contract.

- A. Effective Date: 12:01 A.M. Standard Time, January 1, 2024
- B. First Renewal Date: January 1, 2027
- **C. Group Number:** 7600-0001, 0002, 0003, 0004, 0005, 0006, 0008, 0009, 0030
- D. Rate(s):

See Addendum

FOR THE CITY OF ANN ARBOR Unistopher Taylor Bv 12/20/2023 Christopher Taylor, Mayor DocuSigned by By 5CFB24F59BD641F 12/20/2023 Jacqueline Beaudry, City Clerk

Approved as to substance:

By Milton Doloney Jr

Milton Dohoney Jr., City Administrator 12/19/2023

DELTA DENTAL PLAN OF MICHIGAN, INC.

BY:

President and CEO

DATE: September 28, 2023

Approved as to form and content

DocuSigned by: aftern kan 627306898F804DI

Atleen Kaur, City Attorney

12/19/2023

Bv

ADDENDUM

City of Ann Arbor 7600-0001, 0002, 0003, 0004, 0005, 0006, 0008, 0009, 0030 January 1, 2024

D. Rate(s):

Administrative Service Fee: Composite - \$6.83 per month per Enrollee for the 2024, 2025, 2026 Contracts.

This rate is contingent upon 100% enrollment of the eligible Enrollee of the defined group and their Dependents. In addition to the Administrative Service Fee, Delta Dental shall invoice Contractor for Cost of Claims for the preceding month on the first (1st) of each month. Payment shall be due on or before the twentieth (20th) of that month. Rates do not include any applicable claims taxes.

We have also reviewed the amount of your deposit held in the account established for payment of claims. We have concluded that your current prefund of \$51,000 is sufficient for your projected claims payments. Adjustment of your deposit is not required.

SECTION II - DEFINITIONS

The following words and terms have the following meanings unless the context or use clearly indicates another meaning or intent. Capitalized words and terms not defined below are defined in the Certificate.

ADMINISTRATIVE SERVICE FEE means the fee charged by Delta Dental for the administrative services performed under this Contract.

BENEFIT MANAGER TOOLKIT means Delta Dental's online portal used for eligibility updates and Dental Plan information.

COBRA means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

CONTRACT means this document, including the Certificate and applicable Summary(ies) of Dental Plan Benefits (the terms of which are incorporated herein), the materials submitted by the Contractor in applying for coverage, and, if applicable, any appendices, supplements, riders, successor agreements, renewal letters, or renewals now or hereafter issued or executed.

COST OF CLAIMS means the total amount of Claims payments made by Delta Dental for Covered Services for which the Contractor must reimburse Delta Dental.

ERISA means the Employee Retirement Income Security Act of 1974, as amended.

LICENSE means a limited, non-transferable, non-exclusive, non-sublicensable, temporary license granted to Contractor by Delta Dental to access and use Delta Dental's web portals.

SECTION III - FIDUCIARY RESPONSIBILITY

Delta Dental will serve as the claims fiduciary for the Dental Plan. Delta Dental shall at all times act in the best interests of Contractor in a manner that is in accordance with the terms and conditions of the Dental Plan and all applicable law. Delta Dental will employ its expertise, knowledge and experience in performing claims administration and related services. Delta Dental will perform its obligations under this Contract with the skill, care, prudence and diligence under the circumstances then prevailing that a prudent claims fiduciary acting in a like capacity and familiar with like matters would use in the conduct of an enterprise of like character with like aims, and will perform all of its duties as a claims fiduciary with integrity and fidelity and in a truthful, accurate and honest manner. In the event final claims determinations are made by any other entity, Delta Dental shall not be a fiduciary with respect to such determinations. Furthermore, to the extent that Delta Dental is deemed to possess any plan assets of the Dental Plan, Delta Dental will be a fiduciary with respect to such assets to the extent that Delta Dental exercises discretion and control over such assets. Except as otherwise stated herein, Delta Dental shall not have any further discretionary authority or control respecting the management of the Dental Plan or the Dental Plan's assets, if any, and the Contractor retains all responsibility and authority, including all other fiduciary responsibilities for operation of the Dental Plan.

SECTION IV - ELIGIBILITY AND ENROLLMENT

- A. Contractor shall have sole responsibility for determining the eligibility of, and shall manage the enrollment, disenrollment, and contribution obligations of all Members.
- B. As a condition of enrollment, the Contractor shall require all Members to provide Delta Dental with all information needed to process claims and administer Benefits. Such information may include, but not be limited to, the Member's dental records. In the event a Member fails and/or refuses to provide Delta Dental with requested information, Delta Dental may place the Member's coverage on hold.
- C. Contractor shall provide Delta Dental with an initial eligibility upload of all Members. Such eligibility upload shall be in a form and format acceptable to Delta Dental. Thereafter, Contractor shall provide Delta Dental with eligibility updates on an as needed basis, which in no event shall be less than monthly. Contractor shall promptly respond to any requests for information made by Delta Dental concerning the eligibility of a Member.
- D. Contractor shall be solely responsible for the accuracy and delivery of all eligibility information submitted to Delta Dental. Delta Dental shall not be liable for any losses or damages resulting from eligibility information provided by Contractor and/or any other third party.
- E. Unless otherwise stated in the Declarations Section of this Contract, no retroactive eligibility updates will be accepted for an effective date more than six months from the date of notification. If the Contractor requests that an Enrollee's eligibility be terminated retroactively and a claim was incurred for that Enrollee or that Enrollee's Dependent after the requested termination date, the Enrollee's eligibility will continue until the end of the month in which the claim occurred, and Contractor shall be responsible for all Cost of Claims and applicable Administrative Service fees for services that were rendered to the Enrollee or Dependent up until the effective termination date. In addition, in the event that an Enrollee or Dependent is retroactively added, Contractor shall be responsible for all Cost of Claims and applicable Administrative service for all Cost of Claims and applicable Administrative service service for all Cost of Claims and applicable Administrative service service for all Cost of Claims and applicable Administrative service service for all Cost of Claims and applicable Administrative service service for all Cost of Claims and applicable Administrative service service for all Cost of Claims and applicable Administrative service for all Cost of Claims and applicable Administrative service for all Cost of Claims and applicable Administrative service for all Cost of Claims and applicable Administrative service for service for services that were rendered to the Enrollee or Dependent from the

effective addition date forward.

- F. Upon reasonable prior written notice, Delta Dental shall have the right to audit the accuracy of Contractor's eligibility information. Contractor's refusal to permit such audit shall be deemed a material breach of this Contract.
- G. Contractor shall be solely responsible for identifying Members entitled to COBRA continuation benefits. Contractor shall provide all required notices, collect all necessary payments, and otherwise administer all facets of its COBRA program. In the event that Contractor continues to provide eligibility information to Delta Dental for a Member during the COBRA election period, as opposed to terminating coverage and then retroactively reinstating a Member upon the Member's election of COBRA coverage, Contractor shall be liable for any Claim paid during that period if the Member ultimately does not elect COBRA coverage.
- H. In the event that a Member undergoes a change in eligibility, Contractor must notify Delta Dental of such change. Any failure by Contractor to provide timely notice of eligibility changes may result in Benefits being improperly administered. Contractor shall be solely responsible for such failures. Contractor must notify Delta Dental immediately for any change in a Member's eligibility. In the event Contractor does not notify Delta Dental immediately, Contractor shall be responsible for any paid Claims.
- I. If the Contractor elects to transmit eligibility information via the Benefit Manager Toolkit, Contractor shall execute all proper authorization forms prior to accessing Delta Dental's systems.
- J. Delta Dental will deliver to the Contractor an electronic copy of the Certificate for distribution to each Enrollee, unless otherwise agreed to in writing by the Parties.
- K. The Contractor will timely distribute to each of its Enrollees the Certificates and other information provided by Delta Dental regarding the Benefits available under this Contract, unless otherwise agreed to in writing by the Parties.
- L. Delta Dental shall furnish the Contractor with enrollment forms and related informational materials necessary and appropriate to enroll the Contractor's Members. Delta Dental shall provide reasonable assistance to Contractor on an as needed basis during the enrollment process.
- M. In the event of any material changes in enrollment or composition of Members or if invoices are not paid as billed, unless otherwise agreed to in writing, Delta Dental shall have the right in its sole discretion to either:
 - 1. Terminate this Contract pursuant to Section IX; or
 - 2. Propose an adjustment to the Administrative Service Fee. If the proposed adjustment to the Administrative Service Fee is not accepted by Contractor within 30 days of receipt of the proposed adjustment, Delta Dental reserves the right to terminate this Contract.

SECTION V - COVERED SERVICES

A. Delta Dental shall administer and make payment for Covered Services in accordance with this Contract and the Certificate attached hereto. Contractor may request changes to the Covered Services available to Members by submitting the request in writing to Delta Dental. Changes to Covered Services are subject to Delta Dental's approval and may cause an increase to the Administrative Service Fee. Any changes to Covered Services must be agreed to in writing by Delta Dental prior to implementation. Contractor shall be responsible for determining all potential tax consequences relating to the covered benefits it selects. Notwithstanding the foregoing, Contractor acknowledges that Delta Dental periodically updates its Certificates to account for CDT code changes issued by the American Dental Association and processing policy changes made by Delta Dental, and Contractor agrees that any such changes. Such changes shall become effective as of the date indicated in such notice.

SECTION VI - DELTA DENTAL NETWORK

- A. Delta Dental shall provide Members with an established network of dentists ("Participating Dentists") who have agreed to accept Delta Dental's Maximum Approved Fees for Covered Services. Delta Dental has complete discretion when setting the Maximum Approved Fees. For a detailed description of how payment is made, see Section VI of the applicable Certificate.
- B. Delta Dental shall ensure that there are an adequate number of qualified and credentialed Participating Dentists.
- C. Delta Dental is under no obligation to contract with any particular dentist and/or maintain any particular Participating Dentist in its network. In addition, Delta Dental is under no obligation to recommend or refer any dentist to a Member.
- D. Contractor acknowledges and agrees that:

- 1. Delta Dental does not provide, direct, or control the provision of dental services to Members.
- 2. All decisions regarding dental services are made solely by the Member and his or her dentist; and
- 3. Delta Dental does not warrant or guarantee that the dental services received by a Member from his or her dentist will be rendered in accordance with generally accepted standards or procedures.

SECTION VII - CLAIMS AND APPEALS

- A. Delta Dental will adjudicate and process all clean Claims submitted for Contractor's Dental Plan, in accordance with this Contract, the Certificate and Delta Dental's standard operating procedures. Clean Claims are those Claims that contain all information necessary for Delta Dental to process the Claim. In the event that Delta Dental does not receive a clean Claim, the Claim will be denied and will not be chargeable to the Member if the services were rendered by a Participating Dentist.
- B. Subject to the terms of this Contract and unless otherwise stated in the Declarations Section of this Contract, Delta Dental has complete discretion to process Claims received under Contractor's Dental Plan. As such, Delta Dental shall, without limitation, make determinations regarding:
 - 1. Coordination of benefits;
 - 2. The applicability of Benefit waiting periods, limitations and exclusions; and
 - 3. The quality of care provided to Members by a treating dentist.
- C. Delta Dental shall provide Pre-Treatment Estimates to Members and Participating Dentists upon request as set forth in the Certificate. A Pre-Treatment Estimate is a voluntary and optional process where Delta Dental issues a written estimate of Benefits that may be available under the Dental Plan. A Pre-Treatment Estimate is not a prerequisite or condition for approval of future Benefits payment. Receipt of a Pre-Treatment Estimate does not guarantee payment or coverage, and is not a formal adjudication of a Claim. Pre-Treatment Estimates do not assess whether a Member is specifically eligible for a Covered Service or whether he or she has reached any applicable annual or lifetime maximum payments under the Dental Plan.
- D. Delta Dental will follow established procedures for resolving all adverse Claims determination questions asserted by a dentist or Member as set forth in the Certificate ("Claims Appeal Procedure"). The Claims Appeal Procedure shall contain processes for appealing initial adverse determinations made by Delta Dental. To the extent the Dental Plan is governed by ERISA, Delta Dental's procedures shall comply with ERISA and any regulations or guidelines thereunder. All determinations made according to the Claims Appeal Procedure will be final and binding on the Participating Dentist and the Member, unless otherwise stated in the Declarations Section of this Contract; provided, however, that the Member may exercise any additional legal rights he or she may have.
- E. Payments made directly to a Member as reimbursement for Covered Services under the Dental Plan are for the personal benefit of such Member and cannot be transferred or assigned unless otherwise stated in the Declarations Section of this Contract. Delta Dental shall not honor attempts to assign Benefits unless required by law.
- F. Delta Dental shall use reasonable efforts to recover any overpayments on Contractor's behalf. Delta Dental is under no obligation to engage in litigation in an attempt to recover such payments. Any funds recovered by Delta Dental will be properly credited to Contractor. Notwithstanding the foregoing, Delta Dental will be responsible for any overpayments made due to Delta Dental's negligence or breach of this Contract.
- G. Delta Dental does not insure or underwrite risk for Claims submitted on behalf of Members. The Contractor retains sole responsibility for all Claims properly paid by Delta Dental under this Contract.

SECTION VIII - PAYMENT

- A. The Contractor agrees to reimburse Delta Dental for the actual Cost of Claims and the invoiced Administrative Service Fee as set forth in the Declarations Section of this Contract. Delta Dental shall not be obligated to accept partial or late payments and acceptance of a partial or late payment will not waive Delta Dental's remedies under this Contract, or otherwise modify the terms herein.
- B. The Contractor shall maintain funds necessary to satisfy its obligations under this Contract.
- C. Unless otherwise stated in the Declarations Section of this Contract, payment for Administrative Service Fees shall be due on the fifth of each month. An invoice for the current month's Administrative Service Fees shall be sent on or about the third week of the preceding month.

- D. The Contractor is responsible for the full amount of all invoices regardless of any contribution owed by the Members to the Contractor. Delta Dental shall not be responsible for collecting any contributions from Members.
- E. If required by Delta Dental, Contractor shall deposit an amount specified in the Declarations Section of this Contract ("Prefund") with Delta Dental. The Prefund shall serve as a deposit to offset against any untimely or partial payments from Contractor. In the event Delta Dental uses any of the Prefund to offset untimely or partial payments, Delta Dental shall submit an invoice to the Contractor in the amount necessary to replenish the Prefund. If the Contractor fails to timely replenish the Prefund, Delta Dental shall be entitled to all remedies set forth in Section XI.

SECTION IX - TERM AND TERMINATION

- A. This Contract shall remain in full force and effect for the initial term commencing on the Effective Date and continuing until the First Renewal Date, as specified in the Declarations Section. Thereafter, the Contract may be renewed for subsequent terms as specified in the Declarations Section or in a renewal letter, unless Contractor or Delta Dental provides written notice of its intent not to renew at least thirty (30) days prior to the expiration of the then current term.
- B. In the event of a Party's material breach, the non-breaching Party may terminate this Contract by sending written notice to the breaching Party explaining in detail the nature of the breach and providing an opportunity to cure, which in no event shall be less than 30 days. In the event the material breach is not cured within the notice period, the non-breaching Party may immediately terminate this Contract.
- C. Unless otherwise stated in the Declarations Section of this Contract, this Contract may be terminated by either Party without cause upon 60 days written notice to the other Party.
- D. There shall be a 12-month run-out period for all Claims incurred prior to the termination date, except in cases where Delta Dental has terminated this Contract for cause. All Claims paid by Delta Dental during this run-out period shall be invoiced to the Contractor in accordance with Section VIII of this Contract. Any Claims for services rendered after the termination date shall be denied. After the conclusion of the 12-month run-out period, Claims shall be denied and Delta Dental shall not have any further obligations to the Contractor.
- E. Following the Claims run-out period, Delta Dental shall prepare a final settlement statement and invoice for Contractor. Such settlement statement and invoice shall detail the final amounts due and owing between the Parties including, to the extent applicable, any remaining Prefund deposited by the Contractor, all outstanding Administrative Service Fees and all remaining Claims payments made during the run-out period.
- F. Any false or misleading statements made by either Party shall be considered a material breach of this Contract.

SECTION X - CONFIDENTIALITY AND DISCLOSURE

- A. The Parties have entered into a Business Associate Agreement regarding the permissible use and disclosure of Member's protected health information as that term is defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all subsequent amendments thereto. The Business Associate Agreement is attached as an Addendum hereto.
- B. The Parties acknowledge that in the course of performing under this Contract each Party may be provided with or given access to information, in oral, recorded or written form, that is proprietary and confidential to the other Party (collectively referred to as the "Confidential Information"). Such Confidential Information includes, but is not limited to: information regarding the other Party's management, business, organizational structure, policies, procedures, business relationships, intellectual property, copyrights, patents, trademarks, software, data, databases, system designs, specifications, documentation, code, architecture, structure, algorithms, techniques, processes, protocols, product materials, notes, slides, ideas, Maximum Approved Fees, Allowed Amounts, preferred provider reports, actuarial formulas, providers' personal information, and financial terms of this Contract.
- C. Confidential Information shall not include any information that:
 - 1. Is already known to the Party at the time of the disclosure (as evidenced by written documentation existing at that time);
 - 2. Is generally available to the public or becomes publicly known through no wrongful act of a Party; or
 - 3. Is received by a Party from a third-party who had a legal right to provide it (as evidenced by written documentation existing at that time).
- D. The Parties each will make all reasonable, necessary and appropriate efforts to safeguard each other's
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Confidential Information. Each Party will safeguard the other's Confidential Information to the same extent that it safeguards information relating to its own business, which in no event will be less than the safeguards that a reasonably prudent business would exercise under similar circumstances.

- E. Each Party agrees not to use, distribute or exploit each other's Confidential Information, in whole or in part, for its own benefit or that of any third party and will not disclose such Confidential Information to any other person or entity without each other's prior written consent. A Party shall be responsible for any breach of this Contract by its employees, authorized subcontractors, agents or representatives.
- F. Notwithstanding anything to the contrary in this Section, the Parties shall be permitted to disclose Confidential Information as required by law, or as required by order of a court of law, administrative agency, or other governmental body; provided, however, the Party shall provide reasonable advance written notice to the other Party to the extent allowed by law in order to allow that Party the opportunity to seek a protective order or otherwise limit such disclosure, and the disclosing Party shall reasonably cooperate with the other Party to limit any such disclosure or to seek a protective order. If a Party is nonetheless required to disclose the other Party's Confidential Information, said Party shall only disclose the minimum information necessary to respond to the legal request. Notwithstanding the foregoing, Delta Dental shall not be required to provide Contractor notice prior to responding to governmental agency subpoenas regarding potential provider fraud or abuse.

SECTION XI - RIGHTS AND REMEDIES

- In addition to the right of termination described in Section IX, Delta Dental shall have the following rights Α. and remedies in the event Contractor fails to timely pay in full the Administrative Service Fees or reimburse Delta Dental for the Cost of Claims, subject to Contractors right to cure pursuant to Section IX.B.:
 - 1. Delta Dental may retroactively terminate this Contract to the date it last received payment; and
 - 2. Delta Dental may initiate proceedings to recover and collect all payments due and owing, as well as all costs associated with the collection proceedings including, but not limited to, attorneys' fees.
 - 3. Notwithstanding the foregoing, Delta Dental may immediately suspend payment of all Claims in the event that it does not receive timely payment of the Administrative Service Fees or reimbursement for the Cost of Claims.
- B. No claim, lawsuit or action, may be brought more than three years after the claim first arose.
- C. Either Party's failure to exercise any right or remedy contained herein shall not constitute a waiver of any future rights or remedies available to that Party.

SECTION XII - GENERAL PROVISIONS

- Subrogation. Delta Dental shall be subrogated to all of Contractor's rights with respect to any Claim(s). Α. However, Delta Dental is not obligated to institute or become involved in any litigation concerning such Claim(s). If after six months Delta Dental is unable recover through reasonable efforts, using its standard overpayment recovery processes, any amounts due and owing to Contractor, Delta Dental will provide Contractor with notice of any such unrecovered Claims. The decision to further pursue recovery of such Claims shall be within the sole discretion of Contractor and at Contractor's sole expense. Delta Dental will provide reasonable assistance to Contractor in any such recovery efforts, but in no event will Delta Dental be obligated to undertake any recovery litigation unless mutually agreed to by Delta Dental and Contractor. Delta Dental will remit to Contractor any applicable funds recovered from third parties, less any expenses it has incurred in its recovery efforts, via check payments. Contractor will assist Delta Dental as will be reasonably necessary for Delta Dental to carry out its duties under this provision. Delta Dental may assign or subcontract a portion of its duties under this provision of the Contract to others.
- B. Right to Review Published Materials. Contractor agrees not to publish or distribute any materials. containing the logo, trademark, or business mark of Delta Dental, or containing a change in the benefits to be administered under this Contract, until Delta Dental reviews and, with respect to the use of Delta Dental's logo, trademark, or business mark, approves the materials. This provision does not apply to materials that Delta Dental has provided to Contractor for distribution.
- C. <u>Cooperation</u>. The Contractor shall provide Delta Dental with any information it may reasonably require to administer the Dental Plan or otherwise discharge its duties under this Contract.
- D. Notice. Any notice required or permitted to be given under this Contract will be considered given if in writing and personally delivered, or if in writing and deposited in the United States mail with postage prepaid, addressed to the other Party at its last address of record.
- E. Survival. The following Sections shall survive expiration or early termination of this Contract: Section VIII. Payment; Section X. Confidentiality & Disclosure; Section XI. Rights and Remedies; and Section XII. General Provisions.

- F. Internal Policies and Procedures. Delta Dental has the right to amend its internal policies and procedures periodically and without notice to the Contractor to the extent the amendment does not affect the delivery of benefits to Members. Delta Dental will provide advance written notice, to the extent possible, to Contractor of any amendment to Delta Dental's policies or procedures that affect the delivery of benefits to Members; if advance notice is not possible, Delta Dental will provide written notice as soon as possible after the amendment is adopted.
- G. <u>Third Party Beneficiaries</u>. This Contract will not confer any rights or remedies on any third-party, other than the Parties to this Contract and their respective successors and permitted assigns.
- H. <u>Assignment and Subcontracting</u>. Unless it has first obtained the written consent of the other Party, neither Party may assign this Contract or any of its rights or obligations under this Contract to any other person, except that Delta Dental may make assignments to its subsidiaries and affiliates without the prior written consent of the Contractor.
- I. <u>Integration</u>. This Contract constitutes the entire understanding between the Parties with respect to the subject matter of this Contract and supersedes any prior discussions, negotiations, agreements and understandings.
- J. <u>Force Majeure</u>. Unless otherwise stated in the Declarations Section of this Contract, neither Delta Dental (including its agents, directors, officers, and employees) nor Contractor shall be liable for delays in performance due to circumstances beyond their reasonable control. Each Party shall be excused from performance under this Contract and shall have no liability to the other Party for any period during which it is prevented from performing any of its obligations (other than payment obligations), in whole or in part, as a result of delays caused by the other Party or by an act of God, war, terrorism, civil unrest, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, including failures or fluctuations in electrical power, heat, light, or telecommunications, and such nonperformance shall not be a default under or grounds for termination of this Contract.
- K. <u>Applicable Law</u>. This Contract and the obligations of the Parties under this Contract will be governed by and construed in accordance with the law of the State of Michigan unless otherwise preempted by applicable federal law.
- L. <u>Venue</u>. The Parties submit to the jurisdiction and venue of the Circuit Court of Washtenaw County, State of Michigan, or if original jurisdiction can be established in the United States District Court of Eastern Michigan, Southern Division.
- M. <u>Severability</u>. If any part of this Contract or an amendment of it is found by an arbitrator, court, or other authority to be illegal, void or not enforceable, all other portions of this Contract shall remain in full force and effect.
- N. <u>Counterparts</u>. This Contract may be executed in one or more counterparts, each of which will be deemed an original agreement, but all of which will be considered one instrument and will become a binding agreement when one or more counterparts have been signed by each of the Parties and delivered to the other. Electronic and/or fax signatures shall be accepted as original signatures.
- O. Audits. The Contractor shall have the right to audit Delta Dental's files, books, and records (both paper and electronic) pertaining to the administrative services provided under this Contract. The Contractor will bear the entire cost of any such audits. The Contractor may assign this right to audit to an agent, provided the agent is a licensed firm and the audit is led by an individual who holds a nationally recognized audit accreditation. Delta Dental will allow the Contractor or the Contractor's agent to audit the work areas at which services under this Contract are performed, within 14 business days of receipt of a fully-signed confidentiality agreement. Where applicable, Delta Dental agrees to segregate the Contractor's records from third-party records in order to allow accurate assessment of Contractor-specific processes. Such audits will take place no more than once in a 12-month period, unless both the Contractor and Delta Dental mutually agree that there is reasonable cause to conduct an audit more frequently, in which case the Contractor will give 14 business days' written notice before such audit. The scope of any audit conducted under this provision must be mutually agreed upon, in writing, by both parties prior to the start of the audit. Notwithstanding the foregoing, Contractor shall not have the right to audit any information which Delta Dental, in its sole discretion, determines is proprietary. During the audit, if claims samples are selected using a financially stratified methodology, the results shall be extrapolated to the entire population of claims during the audit period using a weighted average method for each category.
- P. <u>Other Goods and Services.</u> From time to time, Delta Dental may offer or provide Members certain goods and services, including discounts on dental services provided by Participating Dentists in addition to the dental coverage (including without limitation toothbrushes, dental floss and other oral hygienic devices/products). Delta Dental also may arrange for third party vendors to provide goods and services at a discount to Members. Though Delta Dental may make the arrangements, the third party vendors are solely liable for providing the goods and services. Delta Dental shall not be responsible for providing or

failing to provide the goods and services to Members. Further, Delta Dental shall not be liable to Members for negligent provision of the goods and services by third party vendors. Delta Dental reserves the right to terminate or change these goods or services at any time.

Q. Web Portal License.

- 1. Delta Dental grants to Contractor the License to access and use Delta Dental's web portals solely for the purpose of administering and/or viewing Member Benefits as set forth in this Contract, subject to any additional terms and conditions appearing on such web portals. Under this license grant, Contractor's Members are permitted to access and use Member Portal, and Contractor and its officers, directors, employees, contractors and agents are permitted to access and use Benefit Manager Toolkit as necessary solely for the purposes of administering Contractor's dental plan.
- 2. Contractor is solely responsible for managing access to the web portals, for securing the usernames and passwords of its, officers, directors, employees, contractors, agents and Members ("End Users") who use or access such web portals, and for any violation of this Contract by any such End Users. Delta Dental shall not be liable for Contractor's or Contractor's End Users' failure to properly secure their usernames or passwords and, unless otherwise exempt by law, Contractor shall indemnify and hold harmless Delta Dental its affiliates, members, officers, employees and agents from and against any and all losses, claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees and expenses related to the defense of any claims) resulting from or arising out of i) Contractor's, or Contractor's End Users', failure to properly manage access or secure usernames and passwords, ii) any breach of this Contract by Contractor or its End Users; or (iii) any negligent or willful misuse of Delta Dental's web portals by Contractor or its End Users.
- 3. Contractor agrees that, to the extent its End Users will be entering eligibility data into Benefit Manager Toolkit on Contractor's behalf, Contractor shall be solely responsible for the accuracy and completeness of the eligibility data entered. Unless otherwise exempt by law, Contractor shall indemnify and hold harmless Delta Dental its affiliates, members, officers, employees and agents from and against any and all losses, claims, damages, liabilities, costs, and expenses (including reasonable attorneys' fees and expenses related to the defense of any claims) resulting from or arising out of any eligibility data entered by Contractor's End Users.
- 4. Contractor acknowledges that Delta Dental's web portals permit individuals to view and access Protected Health Information ("PHI"), as that term is defined by the Health Insurance Portability and Accountability Act ("HIPAA"). Contractor therefore certifies that, when using the web portals, it and its End Users will abide by the provisions of HIPAA and all other applicable laws. As such, Contractor agrees that it and its End Users shall access and use Delta Dental's web portals for the sole purpose of viewing their own Benefits and/or performing plan administration functions on behalf of Contractor.
- 5. Contractor recognizes and agrees that Delta Dental retains sole title, right and interest in the intellectual property rights of its web portals including, but not limited to, any applicable patents, trademarks and/or copyrights. Contractor understands that the license granted herein transfers neither title nor proprietary rights to Contractor with respect to any web portals. As such, neither Contractor nor any of its End Users shall attempt to reproduce, modify, reverse assemble, reverse compile or reverse engineer the source code of Delta Dental's web portals.
- 6. Delta Dental reserves the right to terminate this license grant at any time with or without cause. This license grant shall terminate immediately upon termination of the Contract.

Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits For Group# 7600-0001, 0002, 0003, 0004, 0005, 0006, 0008, 0009, 0030 City of Ann Arbor

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan - Delta Dental of Michigan

Benefit Year - January 1 through December 31

Covered Services -

| | Delta Dental | Delta Dental | Nonparticipating |
|---|---------------------------|---|-----------------------|
| | PPO™ Dentist Plan Pays | Premier [®] Dentist | Dentist Plan Pays* |
| Diagnosi | | Plan Pays | Plan Pays |
| Diagnostic and Preventive Services – exams, | tic & Preventive | | |
| cleanings, fluoride, and space maintainers | 75% | 75% | 75% |
| Emergency Palliative Treatment - to temporarily relieve pain | 75% | 75% | 75% |
| Brush Biopsy - to detect oral cancer | 75% | 75% | 75% |
| Radiographs - X-rays | 75% | 75% | 75% |
| Bas | ic Services | | |
| Minor Restorative Services – fillings and crown repair | 75% | 75% | 75% |
| Endodontic Services - root canals | 75% | 75% | 75% |
| Periodontic Services - to treat gum disease | 75% | 75% | 75% |
| Oral Surgery Services – extractions and dental surgery | 75% | 75% | 75% |
| Major Restorative Services - crowns | 75% | 75% | 75% |
| Other Basic Services - misc. services | 75% | 75% | 75% |
| Relines and Repairs - to prosthetic appliances | 75% | 75% | 75% |
| | or Services | | |
| Prosthodontic Services – bridges, implants, dentures, and crowns over implants | 50% | 50% | 50% |
| | ontic Services | | |
| Orthodontic Services - braces | 50% | 50% | 50% |
| Orthodontic Age Limit - | | begin prior to age 1 and of treatment or has been reached | until the maximum |

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

> Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.

> Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.

People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.

Fluoride treatments are payable twice in any period of 12 consecutive months for people age 18 and under.

Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.

- Sealants are not a Covered Service.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- > Porcelain and resin facings on crowns are optional treatment on posterior teeth.

- > Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$2,000 per Member total per Benefit Year on all services except orthodontic services. \$2,000 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service - When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible - None.

Waiting Period – Enrollees who are eligible for dental benefits are covered on the 90th day of employment (0001, 0002, 0003, 0004, 0005, 0006 0009), on the date of hire (0008).

Eligible People – All full-time and part-time permanent employees working 20 or more hours per week in Police Command & Administrators (0001), Ann Arbor Police Officers Association (0002), Police clerical staff (0003), American Federation of State, County and Municipal Employees (AFSCME) (0004), Firefighters Association (0005), Teamster Supervisors (0006), Non-union personnel (0008), Community Services/Public Services Assistants (CSA/PSA) (0009) and all COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0030).

Also eligible at your option are your legal spouse, and your dependent unmarried children under age 25 if eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year. Also eligible is your domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the day the employee is terminated.

Delta Dental PPO™ Our national PPO program

Welcome!

Your dental program is administered by Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation doing business as Delta Dental of Michigan. Delta Dental of Michigan is the state's dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at 800-524-0149 or access our website at www.DeltaDentalMI.com.

You can easily verify your own Benefit, Claims and eligibility information online 24 hours a day, seven days a week by visiting www.DeltaDentalMl.com and selecting the link for our Member Portal. The Member Portal will also allow you to print claim forms and ID cards, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

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Please read this Certificate together with the Summary of Dental Plan Benefits. The Summary of Dental Plan Benefits lists the specific provisions of your group dental plan. If a statement in the Summary conflicts with a statement in this Certificate, the statement in the Summary applies to This Plan and you should ignore the conflicting statement in this Certificate.

Delta Dental PPO Certificate

I.

Delta Dental Plan of Michigan, Inc., referred to herein as Delta Dental, issues this Certificate to you, the Enrollee. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a contract between Delta Dental and the Contractor.

The Benefits provided under This Plan may change if any state or federal laws change.

Delta Dental agrees to provide Benefits as described in this Certificate and the Summary of Dental Plan Benefits.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.

Goran M. Jurkovic, CPA, CGMA President and CEO Delta Dental Plan of Michigan, Inc.

II. Definitions

Adverse Benefit Determination

Any denial, reduction or termination of the benefits for which you filed a Claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

The amount permitted under the applicable fee schedule for This Plan, which was selected by your Contractor, and upon which Delta Dental will base its payment for a Covered Service.

Benefit Year

The period during which any benefit frequency limitation and/or annual maximum payment will apply. This will be the calendar year unless your Contractor elects a different period to serve as the Benefit Year. (See the Summary of Dental Plan Benefits for your Benefit Year.) If the Benefit Year is based upon a calendar year, the terms Benefit Year and Calendar Year may be used interchangeably.

Benefits

Payment for the Covered Services that have been selected under This Plan.

Certificate

This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and the Contractor.

Child(ren)

Your natural child(ren), stepchild(ren), adopted child(ren), child(ren) by virtue of legal guardianship, or child(ren) who is/are residing with you during the waiting period for adoption or legal guardianship.

Claim

A request for payment for a Covered Service. Claims are not conditioned upon your seeking advance approval, certification, or authorization to receive payment for any Covered Service.

Completion Date

The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- For dentures and partial dentures, on the delivery dates;
- For crowns and bridgework, on the permanent cementation date;
- For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Copayment

The percentage of the charge, if any, that you must pay for Covered Services.

Contractor

The employer, organization, group, or association sponsoring This Plan.

Covered Services

The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and subject to the terms of this Certificate.

Deductible

The amount a person and/or a family must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

Delta Dental

Delta Dental Plan of Michigan, Inc., a nonprofit dental care corporation providing administrative services for dental benefits. Delta Dental is not an insurance company.

Delta Dental Member Plan

An individual dental benefit plan that is a member of the Delta Dental Plans Association, the nation's largest, most experienced system of dental health plans.

Delta Dental Premier[®] Dentist Schedule

The maximum fee allowed per procedure for services rendered by a Premier Dentist as determined by that Dentist's local Delta Dental Member Plan.

Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- Delta Dental PPO Dentist ("PPO Dentist") a Dentist who has signed an agreement with the Delta Dental Member Plan in his or her state to participate in Delta Dental PPO.
- Delta Dental Premier[®] Dentist ("Premier Dentist") – a Dentist who has signed an agreement with the Delta Dental Member Plan in his or her state to participate in Delta Dental Premier.
- Non-Participating Dentist a Dentist who has not signed an agreement with any Delta Dental Member Plan to participate in Delta Dental PPO or Delta Dental Premier.
- Out-of-Country Dentist A Dentist whose office is located outside the United States and its territories. Out-of-Country Dentists are not eligible to sign participating agreements with Delta Dental.

PPO Dentists and Delta Dental Premier Dentists are sometimes collectively referred to herein as **"Participating Dentists."** Wherever a definition or provision of this Certificate differs from another state's Delta Dental Member Plan and its agreement with Participating Dentists, the agreement in that state with that Dentist will be controlling.

Delta Dental Premier Dentists, Non-Participating Dentists, and Out-of-Country Dentists are sometimes collectively referred to herein as **"Non-PPO Dentists."**

Deny/Denied/Denial

When a Claim for a particular service is denied for payment due to certain contractual limitations/exclusions. You will be responsible for paying your Dentist the applicable amount for such service regardless of the Dentist's participating status.

Dependent(s)

Your dependents are as defined by the rules of eligibility as stated in your Summary of Dental Plan Benefits

Enrollee

You, when the Contractor notifies Delta Dental that you are eligible to receive Benefits under This Plan.

Maximum Approved Fee

The Maximum Approved Fee is the lowest of:

- The Submitted Amount
- The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service or supply, irrespective of the Dentist's contractual agreement with another dental benefits organization.
- The maximum fee that the local Delta Dental Member Plan approves for a given procedure in a given region and/or specialty based upon applicable Participating Dentist schedules and internal procedures.

Participating Dentists agree not to charge Delta Dental patients more than the Maximum Approved Fee for a Covered Service. In all cases, Delta Dental will make the final determination regarding the Maximum Approved Fee for a Covered Service.

Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for Covered Services. See the Summary of Dental Plan Benefits for the maximum payments applicable to This Plan.

Member(s)

Any Enrollee or Dependent with coverage under This Plan.

Non-Participating Dentist Fee

The maximum fee allowed per procedure for services rendered by a Non-Participating Dentist as determined by Delta Dental.

Open Enrollment Period

The period of time, as determined by the Contractor, during which a Member may enroll or be enrolled for Benefits.

Out-of-Country Dentist Fee

The maximum fee allowed per procedure for services rendered by an Out-of-Country Dentist as determined by Delta Dental.

PPO Dentist Schedule

The maximum fee allowed per procedure for services rendered by a PPO Dentist as determined by that Dentist's local Delta Dental Member Plan.

Pre-Treatment Estimate

A voluntary and optional process where Delta Dental issues a written estimate of dental benefits that may be available under your coverage for your proposed dental treatment. Your Dentist submits the proposed dental treatment to Delta Dental in advance of providing the treatment.

A Pre-Treatment Estimate is for informational purposes only and is not required before you receive any dental care. It is not a prerequisite or condition for approval of future dental benefits payment. You will receive the same Benefits under This Plan whether or not a Pre-Treatment Estimate is requested. The benefits estimate provided on a Pre-Treatment Estimate notice is based on benefits available on the date the notice is issued. It is not a guarantee of future dental benefits or payment.

Availability of dental benefits at the time your treatment is completed depends on several factors. These factors include, but are not limited to, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. A request for a Pre-Treatment Estimate is not a Claim or a preauthorization, precertification or other reservation of future Benefits.

Processing Policies

Delta Dental's policies and guidelines used for Pre-Treatment Estimate and payment of Claims. The Processing Policies may be amended from time to time.

Special Enrollment Period

A period outside of the Open Enrollment Period in which you or your Dependent can obtain coverage under This Plan due to a qualifying life event.

Spouse

Your legal spouse.

Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Participating Dentist cannot charge you or your Dependents for the difference between this amount and the Maximum Approved Fee.

Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate and supersedes any contrary provision of this Certificate.

This Plan

The dental coverage established for Members pursuant to this Certificate and your Summary of Dental Plan Benefits.

III. Enrolling in This Plan

The Open Enrollment Period, if applicable, will be established by the Contractor and will occur on an annual basis. During the Open Enrollment Period, all eligible persons as defined in your Summary of Dental Plan Benefits may enroll in This Plan. You and/or your Dependents may not enroll in This Plan at any other time during the applicable Benefit Year except in the following instances:

- Newly hired or rehired employees (if applicable): You will be eligible to enroll on the date for which employment compensation begins or, if applicable, that date plus the number of days specified as a waiting period in the Summary of Dental Plan Benefits.
- 2. New Spouse: Your new Spouse will be eligible to enroll on the date of marriage.
- 3. Newborn: Your newborn will be eligible to enroll on the date of birth.
- 4. Legal adoptions or guardianships: Your newly adopted Child(ren) and/or the minor Child(ren) that you and/or your Spouse have guardianship over will be eligible to enroll on the earlier of (a) the date that the legal petition for adoption or guardianship becomes legally final, or (b) the date on which the Child(ren) begins residing with the Enrollee and the Enrollee assumes responsibility for the Child(ren) while waiting for adoption or guardianship to become final.
- 5. New Stepchild: Your new stepchild will be eligible to enroll on the date that the Child's natural parent becomes a Dependent.
- 6. To the extent Contractor permits Dependents other than those defined in this Certificate to

enroll in This Plan, such Dependents will be eligible to enroll on the date that they become an eligible Dependent. Any such additional Dependents permitted by Contractor shall be set forth in your Summary of Dental Plan Benefits.

7. All others will be permitted on the date that Delta Dental approves in writing the enrollment or listing of those people, unless compelled by a court or administrative order to otherwise provide Benefits for a Dependent.

IV. Selecting a Dentist

You may choose any Dentist. Your out-of-pocket costs are likely to be less if you go to a Delta Dental Participating Dentist.

To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at www.DeltaDentalMI.com or call 800-524-0149.

V. Accessing Your Benefits

To utilize your dental benefits, follow these steps:

- 1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
- 2. Make an appointment with your Dentist and tell him or her that you have dental benefits with Delta Dental. If your Dentist is not familiar with This Plan or has any questions, have him or her contact Delta Dental by writing to Delta Dental, Attention: Customer Service, P.O. Box 9089, Farmington Hills, Michigan 48333-9089, or calling the toll-free number at 800-524-0149.
- 3. After you receive your dental treatment, you or the dental office staff will file a Claim form, completing the information portion with:
 - a. The Enrollee's full name and address
 - b. The Enrollee's Member ID number
 - c. The name and date of birth of the person receiving dental care
 - d. The Contractor's name and number

Notice of Claim Forms

Delta Dental does not require special Claim forms. However, most dental offices have Claim forms available. Participating Dentists will fill out and submit your dental Claims for you.

Mail Claims and completed information requests to:

Delta Dental P.O. Box 9085 Farmington Hills, Michigan 48333-9085

Pre-Treatment Estimate

A Pre-Treatment Estimate is not required to receive payment, but it allows Claims to be processed more efficiently and allows you to know what services may be covered before your Dentist provides them. You and your Dentist should review your Pre-Treatment Estimate Notice before treatment. Once treatment is complete, the dental office will submit a Claim to Delta Dental for payment.

Written Notice of Claim and Time of Payment

Because the amount of your Benefits is not conditioned on a Pre-Treatment Estimate decision by Delta Dental, all Claims under This Plan are post-service Claims. All Claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Once a Claim is filed, Delta Dental will adjudicate it within 30 days of receiving it. If there is not enough information to adjudicate your Claim, Delta Dental will notify you or your Dentist within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the Claim, and (d) inform you or your Dentist that the information must be received within 45 days or your Claim will be Denied if the services were performed by a Non-Participating Dentist, or not chargeable to the Member if the services were performed by a Participating Dentist. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it has 15 days to adjudicate your Claim. If you or your Dentist does not supply the requested information, Delta Dental will deny your Claim. In such case, you will be responsible for all charges if the services were performed by a Non-Participating Dentist. If the services were performed by a Participating Dentist, the services will not be chargeable to the Member. Once Delta Dental adjudicates your Claim, it will notify you within five days.

Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any Claim you file or any review of a Denied Claim you wish to pursue (see the Claims Appeal Procedure section). You should contact your Contractor, call Delta Dental's Customer Service department, toll-free, at 800-524-0149, or write them at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089, to request a form to designate the person you wish to appoint as your representative. Delta Dental will only recognize the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your Claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

Questions and Assistance

Questions regarding your coverage should be directed to your Contractor or call Delta Dental's Customer Service department, toll-free, at 800-524-0149. You may also write to Delta Dental's Customer Service department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089. When writing to Delta Dental, please include your name, the Contractor's name and number, the Enrollee's Member ID number, and your daytime telephone number.

VI. How Payment is Made

Delta Dental shall make payments for Covered Services in accordance with the type of plan selected by the Contractor. The type of plan selected will be identified on your Summary of Dental Plan Benefits.

Delta Dental PPO (Point-of-Service)

If your Dentist is a Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayments and/or Deductibles. Unless prohibited by state law, you will be responsible for the Maximum Approved Fee for most commonly performed noncovered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount.

If your Dentist is a Non-Participating Dentist, Delta Dental will base payment on the Non-Participating Dentist Fee for Covered Services.

If your Dentist is an Out-of-Country Dentist, Delta Dental will base payment on the Out-of-Country Dentist Fee for Covered Services.

For Covered Services rendered by a Non-Participating Dentist or Out-of-Country Dentist, Delta Dental will send payment to you unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

Delta Dental PPO (Standard)

Regardless of your Dentist's participating status, Delta Dental will base its payment on the lesser of the Submitted Amount or the PPO Dentist Schedule.

Delta Dental will send payment directly to Participating Dentists and you will be responsible for any applicable Copayments and/or Deductibles. If your Dentist is not a PPO Dentist, but is a Premier Dentist, you will also be responsible for any difference between the PPO Dentist Schedule and the Premier Dentist Schedule for Covered Services, in addition to Copayments and/or Deductibles. Unless prohibited by state law, you will be responsible for the Maximum Approved Fee for most commonly performed non-covered services. For other non-covered services, you will be responsible for the Dentist's Submitted Amount.

For Covered Services rendered by a Non-Participating Dentist or Out-of-Country Dentist, Delta Dental will send payment to you unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

Orthodontics

If This Plan includes orthodontics, it will be identified on and paid as reflected in your Summary of Dental Plan Benefits.

Covered Services Requiring Multiple Visits

In the event a Covered Service requires more than one visit with your Dentist, payment for the Covered Service will be rendered upon Completion Date.

VII. Benefit Categories

The Benefits covered by This Plan are set forth in your Summary of Dental Plan Benefits.

VIII. Exclusions and Limitations

Exclusions

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for these services will be your responsibility:

- Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Services received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Medicaid or Medicare.
- 2. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations, with the exception of congenitally missing teeth.
- 3. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental.
- 4. Services completed or appliances completed before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service).
- 5. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
- General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
- 7. Charges for hospitalization, laboratory tests, histopathological examinations and miscellaneous tests.
- 8. Charges for failure to keep a scheduled visit with the Dentist.
- Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
- 10. Services or supplies, as determined by Delta Dental that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
- 11. Services or supplies, as determined by Delta Dental, which are specialized procedures or techniques.
- Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the supervision of a licensed Dentist. Treatment rendered by any other licensed dental professional may be covered only as solely determined by the Contractor and/or Delta Dental.
- Services or supplies for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
- 14. Services or supplies received due to an act of war, declared or undeclared, or terrorism.
- 15. Services or supplies covered under a hospital, surgical/medical, or prescription drug program.

- 16. Services or supplies that are not within the categories of Benefits selected by the Contractor and that are not covered under the terms of this Certificate.
- 17. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
- 18. Caries preventive medicament.
- 19. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
- 20. Space maintainers for maintaining space due to premature loss of anterior primary teeth.
- 21. Lost, missing, or stolen appliances of any type, or replacement or repair of orthodontic appliances or space maintainers.
- 22. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
- 23. Veneers.
- 24. Prefabricated crowns used as final restorations on permanent teeth.
- 25. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. If Orthodontic Services are Covered Services, this exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the Contract between Delta Dental and the Contractor.
- 26. Implant/abutment supported interim fixed denture for edentulous arch.
- 27. Soft occlusal guard appliances.
- 28. Paste-type root canal fillings on permanent teeth.
- 29. Replacement, repair, relines, or adjustments of occlusal guards.
- 30. Chemical curettage.
- 31. Services associated with overdentures.
- 32. Metal bases on removable prostheses.
- 33. The replacement of teeth beyond the normal complement of teeth.
- 34. Personalization or characterization of any service or appliance.
- 35. Temporary crowns used for temporization during crown or bridge fabrication.
- 36. Posterior bridges in conjunction with partial dentures in the same arch, sharing at least one posterior edentulous space in common.
- 37. Precision abutments, attachments and stress breakers.
- 38. Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as tooth extraction, periradicular surgery, soft tissue grafting, guided tissue regeneration, implants, ridge augmentation, ridge preservation/extraction sites,

periradicular surgery, apicoectomy sites, hemisections, and periodontal or implant bone grafting.

- 39. Bone replacement grafts and specialized implant surgical techniques, including radiographic/surgical implant index.
- 40. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint.
- 41. Diagnostic photographs and cephalometric films, unless done for orthodontics and orthodontics are a Covered Service.
- 42. 3-D scans and images.
- 43. Myofunctional therapy.
- 44. Mounted case analyses.
- 45. Molecular, antigen or antibody testing for a public health related pathogen.
- 46. Vaccinations.
- 47. Bone replacement grafts when performed in conjunction with a hemisection.
- 48. Fabrication, adjustment, reline, or repair of sleep apnea appliances.
- 49. Removal of non-resorbable barrier.
- 50. Intraoral tomosynthesis images
- 51. Any and all taxes applicable to the services.
- 52. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

Delta Dental will make no payment for the following services or supplies. Participating Dentists may not charge Members for these services or supplies. All charges from Non-Participating Dentists for the following services or supplies are your responsibility:

- 1. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
- 2. The completion of forms or submission of Claims.
- Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
- 4. Caries risk assessment performed on a Member age two or under.
- 5. Local anesthesia.
- 6. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
- 7. Infection control.
- 8. Temporary, interim, or provisional crowns.
- 9. Gingivectomy as an aid to the placement of a restoration.
- 10. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
- 11. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.

- 12. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the condition.
- 13. Post-operative X-rays, when done following any completed service or procedure.
- 14. Periodontal charting.
- 15. Pins and preformed posts, when done with core buildups.
- 16. Any substructure when done for inlays, onlays, and veneers.
- 17. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
- 18. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
- A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
- 20. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
- 21. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling in the presence of gingival inflammation.
- 22. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
- 23. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
- 24. Full mouth debridement when done within 30 days of scaling and root planing.
- 25. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
- 26. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
- 27. Full mouth debridement, when done on the same day as a comprehensive periodontal evaluation.
- 28. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as a sealant, sealant repair, preventive resin restoration

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or interim caries arresting medicament performed on the same tooth.

- 29. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
- 30. Reline, rebase, or any adjustment or repair within six months of the delivery of a denture.
- 31. Reline or any adjustment or repair to a sleep apnea appliance within six months of the delivery.
- 32. Adjustments, temporary relines, or tissue conditioning within three months of delivery of an immediate denture.
- 33. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
- 34. Periapical and/or bitewing X-rays, when done within a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.
- 35. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to deliver services, including but not limited to teledentistry services.
- 36. Capture only images which are not associated with any interpretation or reporting.
- 37. Frenulectomy when performed on the same day as any other surgical procedure(s) in the same surgical area by the same dentist or dental office.
- 38. Surgical removal of implant body when performed within three months of an implant/mini-implant on the same tooth by the same dentist or dental office.
- 39. Non-surgical implant removal when performed within six months of an implant/mini-implant on the same tooth by the same dentist or dental office.
- 40. Scaling and root planing when performed on the same day as surgical root repair or exposures.
- 41. Surgical repair or exposure of root when performed on the same day as endodontic or periodontal surgical procedures.
- 42. Intraorifice barriers.
- 43. Removal of non-resorbable barrier when performed by the same dentist who placed the barrier.
- 44. Excision of benign or malignant lesions when performed in the same area and on the same day as another surgical procedure by the same dentist or dental office.
- 45. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

Limitations

The Benefits for the following services or supplies are limited as follows, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the actual date (i.e., to the day) of the applicable prior dates of services in our records with

any Delta Dental Member Plan or, at the request of your Contractor, any dental plan:

- 1. Bitewing X-rays are payable once per calendar year, unless a full mouth X-ray which include bitewings has been paid in that same year.
- 2. Panoramic or full mouth X-rays (which may include bitewing X-rays) are payable once in any five-year period.
- 3. Any combination of teeth cleanings (prophylaxes (general or periodontal cleanings), full mouth debridement, scaling in the presence of inflammation, and periodontal maintenance procedures) are payable twice per calendar year. Full mouth debridement is payable once in a lifetime.
- 4. Oral examinations and evaluations (not including limited problem focused evaluations or patient screenings) are only payable twice per calendar year, regardless of the Dentist's specialty.
- 5. Patient screening is payable once per calendar year.
- 6. Preventive fluoride treatments are payable twice per calendar year for people age 18 and under.
- 7. Bilateral space maintainers are payable once per arch in a lifetime for people age 13 and under.
- 8. Unilateral space maintainers are payable once per quadrant in a lifetime for people age 13 and under.
- 9. A distal shoe space maintainer is payable for first permanent molars once per quadrant for people age eight and under.
- Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth. Subsequent minor restorations on the same tooth are also subject to this five-year limitation.
- 11. Crowns or onlays are payable only for extensive loss of tooth structure due to caries (decay) or fracture (lost or mobile tooth structure).
- 12. Individual crowns over implants are payable at the prosthodontic benefit level once in a five-year period.
- 13. Substructures, porcelain, porcelain substrate, and cast restorations are not payable for people age 11 and under.
- 14. Hard full or partial arch occlusal guards are payable once in any five-year period.
- 15. An interim partial denture is payable only for the replacement of permanent anterior teeth for people age 16 and under or during the healing period for people age 17 and over.
- 16. Biologic materials to aid in soft and osseous tissue regeneration are payable once per natural tooth in a 36-month period.
- 17. Prosthodontic Services limitations:
 - a. One complete upper and one complete lower denture, and any implant used to support a

denture, are payable once in any five-year period.

- b. A removable partial denture, endosteal implant (other than to support a denture), or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
- c. A removable unilateral partial denture is payable once per quadrant in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
- d. Fixed bridges and removable partial dentures are not payable for people age 15 and under.
- e. Rebase hybrid prostheses are payable once in any five-year period per appliance.
- f. A reline or the complete replacement of denture base material is payable once in any three-year period per appliance.
- g. Implant removal is payable once per tooth or area in a five-year period.
- h. Implant maintenance is payable once per any 12-month period.
- i. Removal of a broken implant retaining screw is payable once in a five-year period.
- Orthodontic Services limitations, if covered under your Plan pursuant to your Summary of Dental Plan Benefits:
 - a. Orthodontic Services are payable for Members pursuant to the age limits specified in your Summary of Dental Plan Benefits.
 - b. If the treatment plan terminates before completion for any reason, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
 - c. Upon written notification to Delta Dental and to the patient, a Dentist may terminate treatment for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
- 19. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. However, Delta Dental will make payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a Claim for those services within one year of the date of service.
- 20. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.

- 21. Care terminated due to the death of a Member will be paid to the limit of Delta Dental's liability for the services completed or in progress.
- 22. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

- Resin, porcelain fused to metal, and porcelain crowns (including implant crowns), bridge retainers, or pontics on posterior teeth – Delta Dental will pay only the amount that it would pay for a full metal crown.
- b. Overdentures Delta Dental will pay only the amount that it would pay for a conventional denture.
- c. Resin, or porcelain/ceramic onlays on posterior teeth Delta Dental will pay only the amount that it would pay for a metallic onlay.
- d. Inlays, regardless of the material used Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
- e. All-porcelain/ceramic bridges Delta Dental will pay only the amount that it would pay for a conventional fixed bridge.
- f. Implant/abutment supported complete or partial dentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
- g. Gold foil restorations Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.
- Posterior stainless steel crowns with esthetic facings, veneers or coatings – Delta Dental will pay only the amount that it would pay for a conventional stainless steel crown.
- a. Maximum Payment: All Benefits available under This Plan are subject to the Maximum Payment limitations set forth in your Summary of Dental Plan Benefits.
- 23. If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.
- 24. Caries risk assessments are payable once in any 12month period for Members age 3-18.
- 25. Assessments of salivary flow by measurement are payable once in any 36-month period.

- 26. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period.
- 27. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface.
- 28. Interim caries arresting medicament is payable twice per tooth per Benefit Year and is limited to five applications per day.
- 29. Sealants are covered once per tooth per lifetime on first permanent molars for Members age nine and under.
- 30. Sealants are covered once per tooth per lifetime on second permanent molars for Members age 14 and under.
- 31. One cone beam CT is allowed within a 12-month period except when performed for TMD treatment.
- 32. Restorations performed within two months of caries arresting medicament.
- 33. Processing policies may otherwise limit payment by Delta Dental for services or supplies.

Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Participating Dentists may not charge Members for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the actual date (i.e., to the day) of the applicable prior dates of services in our records with any Delta Dental Member Plan or, at the request of your Contractor, any dental plan:

- 1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
- 2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
- 3. Recementation of a crown, onlay, inlay, veneer, space maintainer, or bridge within six months of the seating date.
- 4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
- 5. Root planing is payable once in any two-year period.
- 6. Periodontal surgery is payable once in any threeyear period.
- 7. A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.

- 8. Tissue conditioning is payable twice per arch in any three-year period.
- 9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
- 10. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
- Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period when performed by the same office.
- 12. A sealant, sealant repair, preventive resin restoration or interim caries arresting medicament is not payable when done on the same day as restorations involving the occlusal surface when performed by the same office.
- A sealant, sealant repair or preventive resin restoration is not payable when performed within 24 months of a sealant, sealant repair or preventive resin restoration performed on the same tooth.
- 14. One caries risk assessment is allowed on the same date of service.
- 15. One caries risk assessment is allowed within a 12month period when done by the same dentist/dental office.
- 16. One assessment of salivary flow by measurement is allowed within a 12-month period when done by the same dentist/dental office.
- 17. Processing policies may otherwise limit payment by Delta Dental for services or supplies.

IX. Coordination of Benefits

Coordination of Benefits ("COB") applies to This Plan when a Member has dental benefits under more than one plan. The objective of COB is to make sure the combined payments of the plans are no more than your actual dental bills. COB rules establish whether This Plan's Benefits are determined before or after another plan's benefits.

You must submit your bills to the primary plan first. The primary plan must pay its full benefits as if you had no other coverage. If the primary plan denies your Claim or does not pay the full bill, you may then submit the remainder of the bill to the secondary plan.

Which Plan is Primary?

To decide which plan is primary, Delta Dental will consider both the COB provisions of the other plan and the relationship of the Member to This Plan's Enrollee, as well as other factors. The primary plan is determined by the first of the following rules that applies:

1. Non-coordinating Plan

If you have another plan that does not coordinate benefits, it will always be primary.

2. Enrollee v. Dependent Coverage

The plan that covers the Member as an Enrollee will be primary over a plan that covers the Member as a dependent. However, please note that if the Member is a Medicare beneficiary, federal law may reverse this order.

3. Children (Parents Divorced or Separated)

If a court decree makes one parent responsible for health care expenses, that parent's plan is primary.

If a court decree states that the parents have joint custody without stating that one of the parents is responsible for the Child's health care expenses, Delta Dental follows the birthday rule (see rule 4 below).

If neither of these rules applies, the order will be determined as follows:

- a. First, the plan of the parent with custody of the Child will be primary;
- b. Then, the plan of the spouse of the parent with custody of the Child will be primary;
- c. Next, the plan of the parent without custody of the Child will be primary; and
- d. Last, the plan of the spouse of the parent without custody of the Child will be primary.

4. Children and the Birthday Rule

The plan of the parent whose birthday is earliest in the calendar year is always primary for Children. For example, if your birthday is in January and your spouse's birthday is in March, your plan will be primary for all of your Children. If both parents have the same birthday, the plan that has covered the parent for the longer period will be primary.

5. Laid Off or Retired Employees

The plan that covers the Member as a laid off or retired employee or as a dependent of a laid off or retired employee will be primary.

6. COBRA Coverage

The plan that is provided under a right of continuation pursuant to federal law or a similar state law (that is, COBRA) will be primary.

7. Other Plans

If none of the rules above determines the order of benefits, the plan that has covered the Member for the longer period will be primary.

If the other plan does not have rule 5 and/or rule 6 (above) and decides the order of benefits differently from This Plan, This Plan may ignore either of those rules.

In the event that these rules do not determine how Delta Dental should coordinate benefits with another plan, Delta Dental will follow its internal policies and procedures for determining which plan is primary, unless prohibited by applicable law.

How Delta Dental Pays as Primary Plan

When Delta Dental is the primary plan, it will pay for Covered Services as if you had no other coverage.

How Delta Dental Pays as Secondary Plan

When Delta Dental is the secondary plan, it will pay for Covered Services based on the amount left after the primary plan has paid. It will not pay more than that MIPPOCERT0423-ASO amount, and it will not pay more than it would have paid as the primary plan.

When Benefits are reduced as described above, each Benefit is reduced in proportion. Benefits are then charged against any applicable benefit limit of This Plan.

Right to Receive and Release Needed Information

Delta Dental needs certain facts to apply these COB rules, and it has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person regarding the Claim being coordinated. Delta Dental need not tell or get the consent of any person to do this. Each person claiming Benefits under This Plan must give Delta Dental any facts it needs to pay the Claim.

Facility of Payment

A payment made under another plan may include an amount that should have been paid under This Plan. If it does, Delta Dental may pay that amount to the organization that made the payment.

That amount will then be treated as though it were a Benefit paid under This Plan, and Delta Dental will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Delta Dental is more than it should have paid under this COB provision, Delta Dental may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the Member.

Payment includes the reasonable cash value of any benefits provided in the form of services.

X. Reconsideration and Claims Appeal Procedure

Reconsideration

If you receive notice of an Adverse Benefit Determination and you think that Delta Dental incorrectly denied all or part of your Claim, you or your Dentist may contact Delta Dental's Customer Service department and ask them to reconsider the Claim to make sure it was processed correctly. You may do this by calling the toll-free number, 800-524-0149, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at P.O. Box 9089, Farmington Hills, Michigan, 48333-9089.

When writing, please enclose a copy of your explanation of benefits and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your Claim.

A request for reconsideration is not required and should not be considered a formal request for review of a denied Claim. Delta Dental provides this opportunity for you to describe problems or submit an explanation or additional information that might indicate your Claim was improperly denied, and allow Delta Dental to correct any errors quickly and immediately.

Whether or not you have asked Delta Dental informally to reconsider its initial determination, you can request a formal review using the Formal Claims Appeal Procedure described below.

Formal Claims Appeal Procedure

If you receive notice of an Adverse Benefit Determination, you, or your Authorized Representative, should seek a review as soon as possible, but you must file your request for review within 180 days of the date that you received that Adverse Benefit Determination.

To request a formal review of your Claim, send your request in writing to:

Dental Director Delta Dental P.O. Box 30416 Lansing, Michigan 48909-7916

Please include your name and address, the Enrollee's Member ID, the reason why you believe your Claim was wrongly denied, and any other information you believe supports your Claim. You also have the right to review the contract between Delta Dental and the Contractor and any documents related to it. If you would like a record of your request and proof that Delta Dental received it, mail your request certified mail, return receipt requested.

The Dental Director or any person reviewing your Claim will not be the same as, nor subordinate to, the person(s) who initially decided your Claim. The reviewer will grant no deference to the prior decision about your Claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the Claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your Claim even if the information was not available when your Claim was initially decided.

If the decision is based, in whole or in part, on a dental or medical judgment (including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational, or not medically necessary or appropriate), the reviewer will consult a dental health care professional with appropriate training and experience, if necessary. The dental health care professional will not be the same individual or that person's subordinate consulted during the initial determination.

The reviewer will make a determination within 60 days of receipt of your request. If your Claim is denied on review (in whole or in part), you will be notified in writing. The notice of an Adverse Benefit Determination during the Formal Claims Appeal Procedure will meet the requirements described below.

Manner and Content of Notice

Your notice of an Adverse Benefit Determination will inform you of the specific reasons(s) for the denial, the pertinent plan provisions(s) on which the denial is based, the applicable review procedures for dental Claims, including time limits and that, upon request, you are entitled to access all documents, records and other information relevant to your Claim free of charge. This notice will also contain a description of any additional materials necessary to complete your Claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in court if you receive an Adverse Benefit Determination after your Claim has been completely reviewed according to this Formal Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination, and will include a statement that a copy of such rule, guideline or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

The Adverse Benefit Determination notice will inform you of your right to a managerial-level conference to complete the formal grievance procedure.

XI. Termination of Coverage

Your Delta Dental coverage may automatically terminate:

- When the Contractor advises Delta Dental to terminate your coverage.
- On the first day of the month for which the Contractor has failed to pay Delta Dental.
- For fraud or misrepresentation in the submission of any Claim.
- For your Dependent, when they no longer qualify as a Dependent.
- For any other reason stated in the Contract between Delta Dental and the Contractor.

Delta Dental will not continue eligibility for any person covered under This Plan beyond the termination date requested by the Contractor. A person whose eligibility is terminated may not continue group coverage under this Certificate, except as required by the continuation coverage provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 or comparable, nonpreempted state law ("COBRA").

XII. Continuation of Coverage

If the Contractor is required to comply with COBRA and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and your dental coverage would otherwise end, you and your Dependents may have the right to continue that coverage at your expense.

When is Plan Continuation Coverage Available?

Continuation coverage is available if your coverage or a covered Dependent's coverage would end because:

- 1. Your employment, if applicable, ends for any reason other than your gross misconduct.
- 2. You do not qualify as an Enrollee as set forth in your Summary of Dental Plan Benefits.

- 3. You are divorced or legally separated.
- 4. You die.
- 5. Your Dependent is no longer a Dependent.
- 6. You become enrolled in Medicare (if applicable).
- 7. You are called to active duty in the armed forces of the United States.

If you believe you are entitled to continuation coverage, you should contact the Contractor to receive the appropriate documentation required under the Employee Retirement Income Security Act of 1974 ("ERISA").

XIII. General Conditions

Assignment

Services and Benefits are for the personal benefit of Members and cannot be transferred or assigned, other than to pay Participating Dentists directly.

Subrogation and Right of Reimbursement

To the extent that This Plan provides or pays Benefits for Covered Services, Delta Dental is subrogated to any right you and/or your Dependent has to recover from another party or entity, including but not limited to, that party's insurer, or any other insurer that you or your Dependent may have, which would have been the primary payer if not for the payments made by Delta Dental. This includes but is not limited to, automobile, home, and other liability insurers, as well as any other group health plans.

To the extent that Delta Dental has a subrogation right, you and/or your Dependent must:

- Provide Delta Dental with any information necessary to identify any other person, entity or plan that may be obligated to provide payments or benefits for the Covered Services that were paid for by Delta Dental,
- 2. Cooperate fully in Delta Dental's exercise of its right to subrogation and reimbursement,
- 3. Not do anything to prejudice those rights (such as settling a claim against another party without notifying Delta Dental, or not including Delta Dental as a co-payee of any settlement amount),
- 4. Sign any document that Delta Dental determines is relevant to protect Delta Dental's subrogation and reimbursement rights, and
- 5. Provide relevant information when requested.

The term "information" includes any documents, insurance policies, and police or other investigative reports, as well as any other facts that may reasonably be requested to help Delta Dental enforce its rights. Failure by you or your Dependent to cooperate with Delta Dental may result, at the discretion of Delta Dental, in a reduction of future benefit payments available to you or your Dependent under This Plan of an amount up to the aggregate amount paid by Delta Dental that was subject to Delta Dental's equitable lien, but for which Delta Dental was not reimbursed.

Obtaining and Releasing Information

While you and/or your Dependent(s) are enrolled in This Plan, you and/or your Dependent(s) agree to provide Delta Dental with any information it needs to process Claims and administer Benefits for you and/or your Dependent(s). This includes allowing Delta Dental access to your dental records.

Dentist-Patient Relationship

Members are free to choose any Dentist. Each Dentist is solely responsible for the treatment and/or dental advice provided to the Member, and Delta Dental does not have any liability resulting therefrom.

Loss of Eligibility During Treatment

If a Member loses eligibility while receiving dental treatment, only Covered Services received while that person was covered under This Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental. The difference between Delta Dental's payment and the total fee for those services is your responsibility. This provision does not apply to orthodontics if covered under This Plan.

Late Claims Submission

Delta Dental will make no payment for services or supplies if a Claim for such has not been received by Delta Dental within one year following the date the services or supplies were completed. In the event that a Participating Provider submits a Claim more than one year from the date of service, Delta Dental will deny that portion of the Claim that Delta Dental would have paid if the Claim had been timely submitted, and such denied portion of the Claim will not be chargeable to the Member. However, you will remain responsible for any applicable Deductible and/or Copayment. In the event that a Non-Participating Provider submits a Claim more than one year from the date of service, Delta Dental will Deny the Claim and you may be responsible for the full amount.

Change of Certificate or Contract

No changes to this Certificate, your Summary of Dental Plan Benefits, or the underlying contract are valid unless Delta Dental approves them in writing.

Actions

You cannot bring an action on a legal claim arising out of or related to this Certificate unless you have provided at least 60 days' written notice to Delta Dental, unless prohibited by applicable state law. In addition, you cannot bring an action more than three years after the legal claim first arose or after expiration of the applicable statute of limitations, whichever is shorter. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim. Except as set forth above, this provision does not preclude you from seeking a judicial decision or pursuing other available legal remedies.

Change of Status

You must notify Delta Dental, through the Contractor, of any event that changes the status of a Dependent. Events that can affect the status of a Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

Governing Law

This Certificate and the underlying group Contract will be governed by and interpreted under the laws of the state of Michigan.

Right of Recovery Due to Fraud

If Delta Dental pays for services that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a Claim that contains false or misrepresented information, or pays a Claim that is determined to be fraudulent due to your acts or acts of your Dependents, it may recover that payment from you or your Dependents. Delta Dental may recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to you or your Dependents. Delta Dental will provide an explanation of the payment recovery at the time the deduction is made.

Legally Mandated Benefits

If any applicable law requires broader coverage or more favorable treatment for you or your Dependents than is provided by this Certificate, that law shall control over the language of this Certificate. Any person intending to deceive an insurer, who knowingly submits an application or files a Claim containing a false or misleading statement, is guilty of insurance fraud.

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. We only accept anti-fraud calls at this number.

ANTI-FRAUD TOLL-FREE HOTLINE:

800-524-0147

eye Med

City of Ann Arbor

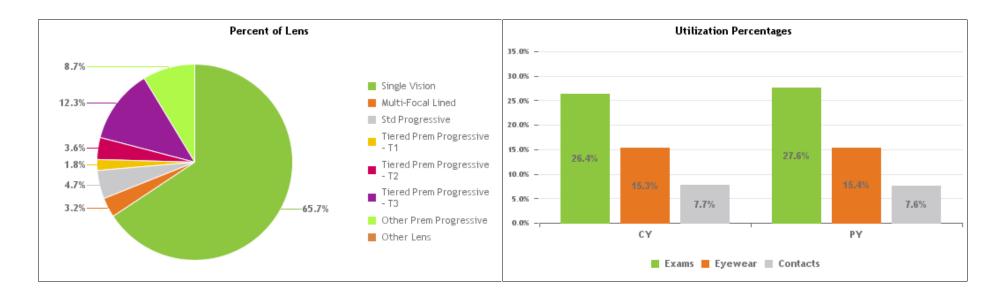
EyeMed provides City of Ann Arbor the following utilization reports for your review.

Summary Page – High Level Comparison of Utilization Percentages, Current vs. Prior Year Utilization – Utilization Percentages & Dollars by Month, Current vs. Prior Year

- Network Utilization Utilization Percentages by Provider Bands, Current vs. Prior Year
- · Benefit Utilization Client Savings by Service/Material Purchased
- · Member Experience Member Savings by Service/Material Purchased
- · Glossary Glossary of Terms and Calculations

Please contact your Account Manager should you have any questions about your utilization. Thank you for your business.

City of Ann Arbor YTD Member Savings: \$160,487



Cov:1/1

| Utilization | Membe | rship | | Exam Uti | lization | | Material Utilization | | | | |
|----------------|--------|-------|--------|----------|----------|-------|----------------------|-------|-------|-------|--|
| Utilization | Client | | Client | | вов | | Client | | вов | | |
| Member Type | CY # | PY# | CY % | PY % | CY % | PY % | CY % | PY % | CY % | PY % | |
| Subscriber | 722 | 712 | 33.8% | 36.5% | 32.8% | 31.9% | 29.6% | 27.8% | 32.7% | 31.6% | |
| Spouse/Partner | 447 | 453 | 28.7% | 32.0% | 33.5% | 32.9% | 27.3% | 29.8% | 32.7% | 31.7% | |
| Child/Other | 668 | 670 | 16.9% | 15.1% | 23.9% | 23.8% | 13.0% | 13.0% | 20.5% | 20.0% | |

For more information, please review the Utilization page(s).

| Network | Exam & Ma | at'l Share | | Exam S | hare | | Material Share | | | | |
|----------------|-----------|------------|--------|--------|-------|-------|----------------|-------|-------|-------|--|
| Utilization | Client | | Client | | вов | | Client | | вов | | |
| Location Type | CY % | PY % | CY % | PY % | CY % | PY % | CY % | PY % | CY % | PY % | |
| Independent | 35.2% | 35.3% | 36.3% | 38.9% | 49.0% | 51.0% | 34.0% | 31.0% | 38.6% | 41.3% | |
| Retail | 60.6% | 59.0% | 61.4% | 57.7% | 49.4% | 47.4% | 59.6% | 60.5% | 55.2% | 53.1% | |
| Out of Network | 4.2% | 5.7% | 2.3% | 3.4% | 1.5% | 1.5% | 6.4% | 8.6% | 4.9% | 4.5% | |

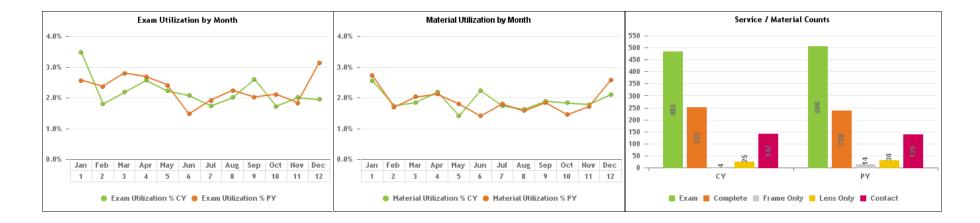
For more information, please review the Network Utilization page.

| Clie | nt | во | в | Lens Enhancements | Client | | вов | |
|-------|--|---|--|---|--|--|---|--|
| CY % | PY % | CY % | PY % | Top Add-Ons (% of Lens) | CY % | PY % | CY % | PY % |
| 26.4% | 27.6% | 30.3% | 29.7% | Polycarbonate | 70.4% | 73.1% | 67.0% | 67.3% |
| 23.0% | 22.9% | 29.1% | 28.2% | Anti-Reflective Coating | 40.1% | 40.3% | 73.4% | 72.1% |
| 66.4% | 67.0% | 69.5% | 69.2% | Scratch Coating | 12.3% | 12.3% | 18.7% | 18.4% |
| 33.6% | 33.0% | 30.5% | 30.8% | Photochromic | 15.5% | 15.3% | 21.6% | 20.8% |
| 65.7% | 68.3% | 59.0% | 58.7% | For more information, please | review the Member | Experience page | | |
| 3.2% | 4.9% | 4.3% | 4.5% | | | | | |
| 31.0% | 26.9% | 36.8% | 36.8% | | | | | |
| 0.0% | 0.0% | 0.0% | 0.0% | | | | | |
| | CY % 26.4% 23.0% 66.4% 33.6% 65.7% 3.2% 31.0% | 26.4% 27.6% 23.0% 22.9% 66.4% 67.0% 33.6% 33.0% 65.7% 68.3% 3.2% 4.9% 31.0% 26.9% | CY % PY % CY % 26.4% 27.6% 30.3% 23.0% 22.9% 29.1% 66.4% 67.0% 69.5% 33.6% 33.0% 30.5% 65.7% 68.3% 59.0% 31.0% 26.9% 36.8% | CY % PY % CY % PY % 26.4% 27.6% 30.3% 29.7% 23.0% 22.9% 29.1% 28.2% 66.4% 67.0% 69.5% 69.2% 33.6% 33.0% 30.5% 30.8% 65.7% 68.3% 59.0% 58.7% 3.2% 4.9% 4.3% 4.5% 31.0% 26.9% 36.8% 36.8% | Client BOB Top Add-Ons (% of Lens) CY % PY % CY % PY % Top Add-Ons (% of Lens) 26.4% 27.6% 30.3% 29.7% Polycarbonate 23.0% 22.9% 29.1% 28.2% Anti-Reflective Coating 66.4% 67.0% 69.5% 69.2% Scratch Coating 33.6% 33.0% 30.5% 30.8% Photochromic 65.7% 68.3% 59.0% 58.7% For more information, please 31.0% 26.9% 36.8% 36.8% 36.8% | Client BOB Top Add-Ons (% of Lens) CY % CY % CY % PY % CY % PY % Top Add-Ons (% of Lens) CY % 26.4% 27.6% 30.3% 29.7% Polycarbonate 70.4% 23.0% 22.9% 29.1% 28.2% Anti-Reflective Coating 40.1% 66.4% 67.0% 69.5% 69.2% Scratch Coating 12.3% 33.6% 33.0% 30.5% 30.8% Photochromic 15.5% 65.7% 68.3% 59.0% 58.7% For more information, please review the Member Jack 31.0% 26.9% 36.8% 36.8% | Ctient BOB Top Add-Ons (% of Lens) Ctient PY % CY % PY % CY % PY % Top Add-Ons (% of Lens) CY % PY % 26.4% 27.6% 30.3% 29.7% Polycarbonate 70.4% 73.1% 23.0% 22.9% 29.1% 28.2% Anti-Reflective Coating 40.1% 40.3% 66.4% 67.0% 69.5% 69.2% Scratch Coating 12.3% 12.3% 33.6% 33.0% 30.5% 30.8% Photochromic 15.5% 15.3% 65.7% 68.3% 59.0% 58.7% For more information, please review the Member texperience page 3.2% 4.9% 4.3% 4.5% For more information, please review the Member texperience page 31.0% 26.9% 36.8% 36.8% 36.8% Scratch Coating Scratch Coating Scratch Coating | ClientBOBTop Add-Ons (% of Lens)ClientBOBCY %PY %CY %PY %Top Add-Ons (% of Lens)CY %PY %CY %CY %26.4%27.6%30.3%29.7%Polycarbonate70.4%73.1%67.0%67.0%23.0%22.9%29.1%28.2%Anti-Reflective Coating40.1%40.3%73.4%67.0%68.3%73.4%18.7%66.4%67.0%69.5%69.2%Scratch Coating112.3%112.3%18.7%18.7%33.6%33.0%30.5%30.8%Photochromic15.5%15.3%21.6%16.5%31.0%26.9%36.8%36.8%59.0%56.7%5 |

For more information, please review the Benefit Utilization page.

Sum:1/1

| Client Utilization | Subsc | ribers | Mem | bers | Members Us | ing Benefit | | Exam Ut | ilization | | | Material U | tilization | |
|-----------------------|-------|--------|-------|-------|------------|-------------|------|----------|-----------|----------|------|------------|------------|----------|
| By Month | CY # | PY # | CY # | PY # | CY # | PY # | CY # | CY \$ | PY # | PY \$ | CY # | CY \$ | PY # | PY \$ |
| January | 726 | 716 | 1,837 | 1,869 | 76 | 62 | 64 | \$2,560 | 48 | \$1,920 | 47 | \$3,808 | 51 | \$2,935 |
| February | 726 | 706 | 1,829 | 1,816 | 46 | 48 | 33 | \$1,315 | 43 | \$1,690 | 32 | \$3,265 | 31 | \$4,595 |
| March | 725 | 705 | 1,832 | 1,820 | 51 | 58 | 40 | \$1,590 | 51 | \$2,010 | 34 | \$2,711 | 37 | \$3,059 |
| April | 719 | 707 | 1,826 | 1,829 | 58 | 59 | 47 | \$1,905 | 49 | \$1,940 | 40 | \$5,768 | 39 | \$3,429 |
| Мау | 722 | 703 | 1,839 | 1,822 | 46 | 54 | 41 | \$1,620 | 44 | \$1,765 | 26 | \$2,255 | 33 | \$2,736 |
| June | 714 | 710 | 1,826 | 1,831 | 55 | 36 | 38 | \$1,515 | 27 | \$1,070 | 41 | \$3,420 | 26 | \$3,148 |
| July | 718 | 706 | 1,831 | 1,822 | 44 | 52 | 32 | \$1,265 | 35 | \$1,400 | 32 | \$4,026 | 33 | \$2,942 |
| August | 723 | 713 | 1,840 | 1,833 | 44 | 48 | 37 | \$1,480 | 41 | \$1,630 | 30 | \$2,492 | 29 | \$2,271 |
| September | 723 | 714 | 1,841 | 1,835 | 55 | 51 | 48 | \$1,910 | 37 | \$1,470 | 35 | \$3,002 | 34 | \$2,827 |
| October | 726 | 723 | 1,849 | 1,847 | 43 | 52 | 32 | \$1,330 | 39 | \$1,505 | 34 | \$2,706 | 27 | \$2,141 |
| November | 720 | 723 | 1,838 | 1,851 | 47 | 47 | 37 | \$1,475 | 34 | \$1,360 | 33 | \$2,830 | 32 | \$2,577 |
| December | 725 | 723 | 1,847 | 1,853 | 55 | 69 | 36 | \$1,445 | 58 | \$2,315 | 39 | \$3,273 | 48 | \$3,908 |
| | 722 | 712 | 1,836 | 1,836 | 620 | 636 | 485 | \$19,410 | 506 | \$20,075 | 423 | \$39,558 | 420 | \$36,570 |



| | Network on by Band (CY) | Client Con (Ex & M | | Clien Exam Sl | | Client Mat'l Share | |
|-----------------------|----------------------------|-----------------------|-------|------------------|-------|-----------------------|-------|
| Location Type | Provider Band | CY % | PY % | CY % | PY % | CY % | PY % |
| Independent | Independent | 35.2% | 35.3% | 36.3% | 38.9% | 34.0% | 31.0% |
| Total: Independent | | 35.2% | 35.3% | 36.3% | 38.9% | 34.0% | 31.0% |
| Retail | LensCrafters | 13.5% | 12.1% | 14.6% | 10.9% | 12.3% | 13.6% |
| | Pearle Vision | 5.2% | 5.5% | 4.7% | 5.5% | 5.7% | 5.5% |
| | Target Optical | 0.7% | 1.2% | 0.6% | 1.0% | 0.7% | 1.4% |
| | Contacts Direct | 0.6% | 0.2% | 0.0% | 0.0% | 1.2% | 0.5% |
| | Other Retail | 40.6% | 40.0% | 41.4% | 40.3% | 39.7% | 39.5% |
| Total: Retail | | 60.6% | 59.0% | 61.4% | 57.7% | 59.6% | 60.5% |
| Out of Network | Out of Network | 4.2% | 5.7% | 2.3% | 3.4% | 6.4% | 8.6% |
| Total: Out of Network | | 4.2% | 5.7% | 2.3% | 3.4% | 6.4% | 8.6% |

| Frames by Price Point and Network (CY) | Independent | LensCrafters | Pearle Vision | Target Optical | Other Retail | Out of Network | Total All Frames |
|---|-------------|--------------|---------------|-------------------|--------------|-------------------|---------------------|
| <= \$100 | 8.4% | 6.5% | 10.0% | 50.0% | 38.6% | 70.6% | 26.1% |
| \$100-\$110 | 0.0% | 0.0% | 0.0% | 0.0% | 0.9% | 0.0% | 0.4% |
| \$110-\$120 | 2.4% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.8% |
| \$120-\$130 | 6.0% | 9.7% | 0.0% | 0.0% | 10.5% | 0.0% | 7.8% |
| \$130-\$140 | 0.0% | 0.0% | 0.0% | 0.0% | 3.5% | 11.8% | 2.3% |
| \$140-\$150 | 6.0% | 0.0% | 0.0% | 0.0% | 1.8% | 0.0% | 2.7% |
| \$150-\$170 | 7.2% | 12.9% | 10.0% | 0.0% | 7.9% | 0.0% | 7.8% |
| \$170-\$200 | 9.6% | 32.3% | 10.0% | 0.0% | 14.9% | 11.8% | 14.8% |
| \$200-\$300 | 37.3% | 25.8% | 60.0% | 50.0% | 17.5% | 5.9% | 26.1% |
| \$300-\$400 | 16.9% | 12.9% | 0.0% | 0.0% | 3.5% | 0.0% | 8.6% |
| > \$400 | 6.0% | 0.0% | 10.0% | 0.0% | 0.9% | 0.0% | 2.7% |
| Frame Count by Network | 83 | 31 | 10 | 2 | 114 | 17 | 257 |
| Network Percent of Total | 32.3% | 12.1% | 3.9% | 0.8% | 44.4% | 6.6% | 100.0% |
| Percent of Frames < Allowance | 8.4% | 6.5% | 10.0% | 50.0% | 38.6% | 17.6% | 22.6% |
| Avg Frame Retail Price | \$240 | \$212 | \$244 | \$162 | \$154 | \$109 | \$189 |

| Avera | age Transaction (CY) | | Utilization | | Net to | Client | Avg | Client |
|--------------------|------------------------------|-------|-------------|----------|----------|----------|--------|---------|
| Service / Material | Lens Type | Count | Percent | Retail | Provider | Savings | Retail | Savings |
| Exam | | 485 | 26.4% | \$52,405 | \$19,969 | \$32,436 | \$108 | 61.9% |
| Contacts | | 142 | 7.7% | \$52,731 | \$51,617 | \$1,114 | \$371 | 2.1% |
| Fit & Follow | | 118 | 6.4% | \$9,709 | \$6,329 | \$3,379 | \$82 | 34.8% |
| Frame | | 256 | 13.9% | \$48,698 | \$31,445 | \$17,253 | \$190 | 35.4% |
| Lens | Single Vision | 182 | 9.9% | \$16,433 | \$5,945 | \$10,488 | \$90 | 63.8% |
| Lens | Multi-Focal Lined | 9 | 0.3% | \$1,353 | \$837 | \$517 | \$150 | 38.2% |
| Lens | Std Progressive | 13 | 0.5% | \$3,122 | \$2,369 | \$753 | \$240 | 24.1% |
| Lens | Tiered Prem Progressive - T1 | 5 | 0.1% | \$1,378 | \$1,078 | \$301 | \$276 | 21.8% |
| Lens | Tiered Prem Progressive - T2 | 10 | 0.3% | \$2,421 | \$1,932 | \$489 | \$242 | 20.2% |
| Lens | Tiered Prem Progressive - T3 | 34 | 1.7% | \$11,337 | \$9,000 | \$2,337 | \$333 | 20.6% |
| Lens | Other Prem Progressive | 24 | 1.3% | \$9,403 | \$7,560 | \$1,843 | \$392 | 19.6% |
| Lens | Other Lens | 0 | 0.0% | \$0 | \$0 | \$0 | \$0 | 0.0% |
| | Total Lenses | 277 | 14.1% | \$45,447 | \$28,720 | \$16,727 | \$164 | 36.8% |

| Utilization by Age Break (CY) | 1 - 18 | 19 - 26 | 27 - 40 | 41 - 55 | 56 - 65 | Over 65 |
|---------------------------------------|--------|---------|---------|---------|---------|---------|
| Membership (as of report CY end date) | 592 | 128 | 444 | 512 | 148 | 23 |
| Exam | 16.2% | 27.3% | 29.3% | 34.8% | 29.1% | 13.0% |
| Contacts | 2.7% | 9.4% | 11.7% | 10.2% | 6.8% | 0.0% |
| Frame | 8.3% | 14.8% | 12.4% | 17.2% | 28.4% | 13.0% |
| Single Vision | 9.0% | 16.4% | 12.6% | 8.2% | 6.8% | 0.0% |
| Multi-Focal Lined | 0.2% | 0.0% | 0.0% | 0.4% | 4.1% | 0.0% |
| Std Progressive | 0.0% | 0.0% | 0.2% | 1.0% | 4.7% | 0.0% |
| Tiered Prem Progressive - T1 | 0.0% | 0.0% | 0.0% | 0.6% | 0.7% | 4.3% |
| Tiered Prem Progressive - T2 | 0.0% | 0.0% | 0.0% | 1.2% | 2.0% | 4.3% |
| Tiered Prem Progressive - T3 | 0.0% | 0.0% | 0.0% | 5.3% | 4.7% | 0.0% |
| Other Prem Progressive | 0.0% | 0.0% | 0.0% | 2.3% | 6.8% | 8.7% |
| Other Lens | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Date Executed: 3/19/25



| Service / Material Averages (CY) | Count | Utilization Percent | Retail | Member Responsibility | Member Savings | Avg Retail | Avg Member Responsibility | Member Discount % |
|-------------------------------------|-------|------------------------|----------|--------------------------|-------------------|------------|------------------------------|----------------------|
| Exam | 485 | 26.4% | \$52,405 | \$559 | \$51,846 | \$108 | \$1 | 98.9% |
| Total: Exams | 485 | 26.4% | \$52,405 | \$559 | \$51,846 | \$108 | \$1 | 98.9% |
| Dilation | 16 | 0.9% | \$119 | \$0 | \$119 | \$7 | \$0 | 100.0% |
| Retinal Photo | 69 | 3.8% | \$2,446 | \$2,336 | \$110 | \$35 | \$34 | 4.5% |
| Refraction | 286 | 15.6% | \$8,669 | \$108 | \$8,561 | \$30 | \$0 | 98.8% |
| Total: Exam Services | 371 | 20.2% | \$11,234 | \$2,444 | \$8,790 | \$30 | \$7 | 78.2% |
| Contacts | 142 | 7.7% | \$52,731 | \$33,183 | \$19,549 | \$371 | \$234 | 37.1% |
| Total: Contacts | 142 | 7.7% | \$52,731 | \$33,183 | \$19,549 | \$371 | \$234 | 37.1% |
| Fit & Follow | 118 | 6.4% | \$9,709 | \$6,329 | \$3,379 | \$82 | \$54 | 34.8% |
| Total: Fit & Follow | 118 | 6.4% | \$9,709 | \$6,329 | \$3,379 | \$82 | \$54 | 34.8% |
| Frame | 256 | 13.9% | \$48,698 | \$19,994 | \$28,704 | \$190 | \$78 | 58.9% |
| Total: Frames | 256 | 13.9% | \$48,698 | \$19,994 | \$28,704 | \$190 | \$78 | 58.9% |
| Single Vision | 182 | 9.9% | \$16,433 | \$727 | \$15,706 | \$90 | \$4 | 95.6% |
| Multi-Focal Lined | 9 | 0.3% | \$1,353 | \$428 | \$926 | \$150 | \$48 | 68.4% |
| Std Progressive | 13 | 0.5% | \$3,122 | \$1,804 | \$1,318 | \$240 | \$139 | 42.2% |
| Tiered Prem Progressive - T1 | 5 | 0.1% | \$1,378 | \$853 | \$526 | \$276 | \$171 | 38.1% |
| Tiered Prem Progressive - T2 | 10 | 0.3% | \$2,421 | \$1,437 | \$984 | \$242 | \$144 | 40.6% |
| Tiered Prem Progressive - T3 | 34 | 1.7% | \$11,337 | \$7,370 | \$3,967 | \$333 | \$217 | 35.0% |
| Other Prem Progressive | 24 | 1.3% | \$9,403 | \$6,430 | \$2,973 | \$392 | \$268 | 31.6% |
| Other Lens | 0 | 0.0% | \$0 | \$0 | \$0 | \$0 | \$0 | 0.0% |
| Total: Lenses | 277 | 14.1% | \$45,447 | \$19,048 | \$26,399 | \$164 | \$69 | 58.1% |



City of Ann Arbor

| Service / Material Averages (CY) | Count | Utilization Percent | Retail | Member Responsibility | Member Savings | Avg Retail | Avg Member Responsibility | Member Discount % |
|-------------------------------------|-------|------------------------|-----------|--------------------------|-------------------|------------|------------------------------|----------------------|
| Anti-Reflective Coating | 69 | 3.8% | \$5,251 | \$2,670 | \$2,581 | \$76 | \$39 | 49.1% |
| Anti-Reflective Coating Tier 1 | 10 | 0.3% | \$930 | \$651 | \$279 | \$93 | \$65 | 30.0% |
| Anti-Reflective Coating Tier 2 | 32 | 1.6% | \$3,808 | \$2,666 | \$1,142 | \$119 | \$83 | 30.0% |
| Total: Anti-Reflective Coating | 111 | 6.0% | \$9,989 | \$5,987 | \$4,002 | \$90 | \$54 | 40.1% |
| Polycarbonate | 195 | 10.6% | \$12,863 | \$6,589 | \$6,274 | \$66 | \$34 | 48.8% |
| Total: Polycarbonate | 195 | 10.6% | \$12,863 | \$6,589 | \$6,274 | \$66 | \$34 | 48.8% |
| Photochromic - Plastic | 43 | 2.3% | \$5,952 | \$4,166 | \$1,786 | \$138 | \$97 | 30.0% |
| Total: Photochromic | 43 | 2.3% | \$5,952 | \$4,166 | \$1,786 | \$138 | \$97 | 30.0% |
| Premium Scratch Coating | 2 | 0.0% | \$0 | \$0 | \$0 | \$0 | \$0 | 0.0% |
| Scratch Coating | 32 | 1.7% | \$155 | \$0 | \$155 | \$5 | \$0 | 100.0% |
| Total: Scratch Coating | 34 | 1.9% | \$155 | \$0 | \$155 | \$5 | \$0 | 100.0% |
| Anti-Reflective Coating Tier 3 | 0 | 0.0% | \$0 | \$0 | \$0 | \$0 | \$0 | 0.0% |
| Blue Light | 0 | 0.0% | \$0 | \$0 | \$0 | \$0 | \$0 | 0.0% |
| Digital - Tier 1 | 0 | 0.0% | \$0 | \$0 | \$0 | \$0 | \$0 | 0.0% |
| High Index | 41 | 2.2% | \$5,707 | \$3,995 | \$1,712 | \$139 | \$97 | 30.0% |
| Other Misc Add-Ons | 50 | 2.7% | \$2,505 | \$1,759 | \$745 | \$50 | \$35 | 29.8% |
| Polarize Lens | 14 | 0.5% | \$1,379 | \$965 | \$414 | \$98 | \$69 | 30.0% |
| Prem Anti-Reflective Coating | 102 | 5.6% | \$15,661 | \$10,963 | \$4,698 | \$154 | \$107 | 30.0% |
| Prism | 2 | 0.0% | \$5 | \$4 | \$2 | \$3 | \$2 | 30.0% |
| Rimless/Drill | 1 | 0.0% | \$30 | \$21 | \$9 | \$30 | \$21 | 30.0% |
| Roll/Polish | 5 | 0.1% | \$115 | \$81 | \$35 | \$23 | \$16 | 30.0% |
| Tint | 33 | 1.6% | \$1,222 | \$348 | \$874 | \$37 | \$11 | 71.5% |
| Ultra-Violet Coating | 130 | 7.1% | \$2,088 | \$1,051 | \$1,037 | \$16 | \$8 | 49.7% |
| Total: Other | 378 | 20.6% | \$28,711 | \$19,186 | \$9,525 | \$76 | \$51 | 33.2% |
| Total: Service / Material (CY) | 2,446 | 42.5% | \$277,893 | \$117,485 | \$160,409 | \$356 | \$151 | 57.7% |



| Group ID | Group Name | Effective Date | Renewal Date | Voluntary Indicator | Туре |
|--------------|------------------------------|-------------------|-----------------|------------------------|-----------|
| 9790692 1001 | CITY OF ANN ARBOR - MICHIGAN | 7/1/2010 | 12/31/2026 | Non-Voluntary | Fixed Fee |
| 9824467 1001 | CITY OF ANN ARBOR- COBRA | 8/1/2011 | 12/31/2026 | Non-Voluntary | Fixed Fee |

| Report Name | Field & Definition |
|---------------------|--|
| General | *Claims must include a funded exam, frame, lens or contact to be included within these reports. *Fit & Follow Up must be attached to a claim with a funded exam or contact to be included within these reports. CY - Current year reporting period. PY - Prior year reporting period. |
| Summary | BOB - EyeMed Book of Business. Exam Utilization - Number of exam claims divided by average member count. Material Utilization - Number of material claims divided by average member count. Exam Share - Percentage of exam claims by location type. Material Share - Percentage of material claims by location type. |
| Utilization | Members Using Benefit - Number of members with claim activity. Number of Exams - Number of exams billed from claims. Exam Claim Dollars - Claim dollars billed for the exams as reported on claims received. Number of Materials - Sum of eyewear and contacts billed from claims. Material Claim Dollars - Claim dollars billed for eyewear, contacts and fit & follow up as reported on claims received. |
| Benefit Utilization | Retail Dollars - Original cost (before discounts) of services as reported on the claims received. Net to Provider - Claim dollars billed for service and/or material type as reported on the claims received plus member out of pocket dollars. Client Savings Dollars - Retail dollars less net to provider dollars. Avg Retail Dollars - Retail dollars divided by count. Client Savings % - Client savings divided by retail dollars. |
| Member Experience | *Data includes Out-of-Network transactions. Member Responsibility - Dollars spent by members (member out of pocket). Member Savings - Retail dollars less member responsibility. Member Discount % - Member savings divided by retail dollars. |

| Employee Number | Birth Date | Gender | State | Zip Code | Benefit | Plan Option | Coverage Start | Coverage Stop | COBRA |
|-----------------|------------|--------|-------|-----------|---------|----------------|----------------|---------------|-------|
| 00001 | 08/25/1960 | Male | MI | 48103 | Vision | Employee Only | 01/01/2025 | | |
| 00051 | 02/26/1965 | Male | MI | 48197 | Vision | Family | 01/01/2025 | | 1 |
| 00116 | 08/12/1975 | Male | MI | 48130 | Vision | Family | 01/01/2025 | | 1 |
| 00117 | 09/26/1975 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | | 1 |
| 00168 | 06/21/1977 | Male | MI | 48165 | Vision | Family | 01/01/2025 | | 1 |
| 00170 | 12/04/1971 | Male | ОН | 43402 | Vision | Family | 01/01/2025 | | 1 |
| 00178 | 07/10/1975 | Female | MI | 48103 | Vision | Family | 01/01/2025 | | 1 |
| 00293 | 03/09/1964 | Male | MI | 48178 | Vision | Family | 01/01/2025 | | 1 |
| 00295 | 05/19/1976 | Female | MI | 48855 | Vision | Family | 01/01/2025 | | 1 |
| 00312 | 07/31/1974 | Male | MI | 48111 | Vision | Employee + One | 01/01/2025 | | 1 |
| 00318 | 05/27/1979 | Male | MI | 48174 | Vision | Employee + One | 01/01/2025 | | 1 |
| 00353 | 01/29/1961 | Male | MI | 48137 | Vision | Family | 01/30/2023 | | 1 |
| 00366 | 02/06/1968 | Female | MI | 48197 | Vision | Family | 01/01/2025 | | 1 |
| 00419 | 08/14/1970 | Male | MI | 48390 | Vision | Employee + One | 01/01/2025 | | 1 |
| 00471 | 02/24/1976 | Male | MI | 48125 | Vision | Family | 01/01/2025 | | 1 |
| 00474 | 09/19/1973 | Male | MI | 48118 | Vision | Family | 01/01/2025 | | 1 |
| 00477 | 11/07/1977 | Female | MI | 48169 | Vision | Family | 01/01/2025 | | 1 |
| 00551 | 11/08/1970 | Male | MI | 48104 | Vision | Employee + One | 01/01/2023 | | 1 |
| 00579 | 02/22/1968 | Female | MI | 48198 | Vision | Employee + One | 01/01/2025 | | 1 |
| 00580 | 09/30/1973 | Female | MI | 481309222 | Vision | Employee + One | 01/01/2025 | | 1 |
| 00592 | 01/24/1967 | Female | MI | 48843 | Vision | Employee + One | 01/01/2025 | | 1 |
| 00660 | 07/16/1967 | Female | MI | 48198 | Vision | Employee Only | 01/01/2025 | | 1 |
| 00665 | 05/09/1966 | Male | MI | 48176 | Vision | Family | 01/01/2025 | 02/08/2025 | 1 |
| 00665 | 05/09/1966 | Male | MI | 48176 | Vision | Family | 02/09/2025 | | 1 |
| 00668 | 06/08/1975 | Male | MI | 48104 | Vision | Employee Only | 01/01/2025 | | 1 |
| 00688 | 10/03/1976 | Male | MI | 48176 | Vision | Family | 01/01/2025 | | 1 |
| 00695 | 02/05/1974 | Male | MI | 48182 | Vision | Family | 01/01/2025 | | 1 |
| 00737 | 11/18/1966 | Male | MI | 49270 | Vision | Employee Only | 01/01/2025 | | 1 |
| 00755 | 11/26/1980 | Male | MI | 48130 | Vision | Family | 01/01/2025 | | 1 |
| 00761 | 04/26/1975 | Male | MI | 48114 | Vision | Employee Only | 01/01/2025 | | 1 |

| 00812 | 09/05/1963 | Male | MI | 48169 | Vision | Family | 01/01/2024 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 0886 | 08/04/1969 | Male | MI | 49221 | Vision | Family | 01/01/2025 | |
| 0910 | 11/06/1972 | Male | MI | 49286 | Vision | Family | 01/01/2025 | |
| 0966 | 10/29/1973 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 01010 | 11/06/1974 | Female | MI | 48706 | Vision | Employee + One | 01/01/2025 | |
| 01022 | 10/22/1968 | Male | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 01032 | 09/15/1976 | Female | MI | 48116 | Vision | Family | 01/01/2025 | |
| 01040 | 07/12/1976 | Male | MI | 48130 | Vision | Family | 01/01/2022 | |
| 01091 | 09/08/1978 | Female | MI | 48116 | Vision | Family | 01/01/2025 | |
| 01199 | 12/05/1969 | Male | MI | 48103 | Vision | Employee + One | 01/01/2024 | 09/12/2024 |
| 01203 | 05/10/1972 | Female | MI | 48169 | Vision | Employee Only | 01/01/2025 | |
| 01237 | 04/18/1977 | Male | MI | 48178 | Vision | Employee Only | 01/01/2025 | |
| 01242 | 09/16/1975 | Male | MI | 49285 | Vision | Employee Only | 01/01/2024 | |
| 01279 | 10/30/1956 | Female | MI | 48137 | Vision | Employee + One | 01/01/2025 | |
| 01344 | 01/14/1977 | Male | MI | 48197 | Vision | Family | 01/01/2025 | |
| 01346 | 04/06/1968 | Male | MI | 48198 | Vision | Employee + One | 01/01/2025 | |
| 01362 | 02/11/1973 | Male | MI | 49201 | Vision | Family | 01/01/2025 | |
| 01412 | 06/07/1971 | Female | MI | 48170 | Vision | Employee + One | 01/01/2025 | |
| 01421 | 01/17/1979 | Female | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 01463 | 03/24/1975 | Female | MI | 48198 | Vision | Employee Only | 01/01/2025 | |
| 01466 | 09/21/1971 | Male | MI | 48130 | Vision | Family | 01/01/2025 | |
| 01489 | 12/07/1970 | Female | MI | 48105 | Vision | Employee + One | 01/01/2025 | |
| 01554 | 12/01/1977 | Male | MI | 48178 | Vision | Family | 01/01/2024 | 06/01/2024 |
| 01554 | 12/01/1977 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 01593 | 11/08/1971 | Male | MI | 48130 | Vision | Family | 01/01/2025 | |
| 01596 | 03/13/1973 | Male | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 01621 | 11/29/1973 | Male | MI | 49251 | Vision | Family | 01/01/2025 | |
| 01627 | 11/27/1964 | Male | MI | 48104 | Vision | Employee + One | 01/01/2025 | |
| 01663 | 08/20/1970 | Female | MI | 48189 | Vision | Employee + One | 01/01/2025 | |
| 01682 | 09/28/1980 | Male | MI | 48118 | Vision | Family | 01/01/2022 | |
| 01723 | 04/22/1969 | Female | MI | 48189 | Vision | Family | 01/01/2025 | |

| 01737 | 01/08/1967 | Female | MI | 48130 | Vision | Family | 01/01/2025 |
|-------|------------|--------|----|-------|--------|----------------|------------|
| 01743 | 06/10/1972 | Male | MI | 48836 | Vision | Family | 01/01/2025 |
| 01789 | 02/19/1966 | Male | MI | 48197 | Vision | Employee Only | 01/01/2024 |
| 01833 | 08/30/1975 | Male | MI | 48169 | Vision | Family | 01/01/2025 |
| 01841 | 08/21/1977 | Male | MI | 48169 | Vision | Family | 01/01/2024 |
| 01845 | 08/26/1967 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 |
| 01891 | 12/04/1975 | Male | MI | 49286 | Vision | Family | 01/01/2025 |
| 01903 | 11/30/1972 | Male | MI | 48104 | Vision | Employee Only | 01/01/2025 |
| 01930 | 10/12/1971 | Male | MI | 48239 | Vision | Family | 01/01/2025 |
| 01960 | 02/05/1965 | Male | MI | 48188 | Vision | Employee Only | 01/01/2025 |
| 02022 | 08/10/1967 | Male | MI | 48430 | Vision | Employee + One | 01/01/2025 |
| 02224 | 10/03/1965 | Male | MI | 48197 | Vision | Employee + One | 01/01/2025 |
| 02249 | 07/19/1958 | Male | MI | 48103 | Vision | Employee Only | 01/01/2025 |
| 02250 | 04/15/1974 | Male | MI | 48197 | Vision | Employee + One | 01/01/2025 |
| 02315 | 04/26/1967 | Female | MI | 48104 | Vision | Employee + One | 01/01/2025 |
| 02390 | 09/18/1965 | Male | MI | 48118 | Vision | Employee + One | 01/01/2025 |
| 02391 | 09/22/1978 | Male | MI | 48160 | Vision | Family | 01/01/2025 |
| 02403 | 05/24/1982 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 |
| 02421 | 09/12/1977 | Female | MI | 48111 | Vision | Family | 01/01/2025 |
| 02442 | 02/05/1975 | Female | MI | 48174 | Vision | Employee + One | 01/01/2025 |
| 02503 | 06/01/1984 | Male | MI | 49240 | Vision | Employee Only | 01/01/2024 |
| 03262 | 05/15/1985 | Male | MI | 48843 | Vision | Family | 01/01/2025 |
| 03618 | 05/17/1976 | Male | MI | 48103 | Vision | Family | 01/01/2025 |
| 03801 | 09/18/1974 | Male | MI | 48118 | Vision | Employee + One | 01/01/2025 |
| 03802 | 06/12/1976 | Male | MI | 49240 | Vision | Family | 01/01/2025 |
| 03867 | 01/10/1969 | Male | MI | 48135 | Vision | Employee + One | 01/01/2025 |
| 03982 | 04/10/1972 | Male | MI | 48843 | Vision | Employee Only | 01/01/2025 |
| 04444 | 07/21/1971 | Male | MI | 48105 | Vision | Employee + One | 01/01/2025 |
| 05128 | 05/19/1975 | Male | MI | 48103 | Vision | Employee + One | 01/01/2024 |
| 05214 | 01/27/1978 | Male | MI | 48108 | Vision | Family | 01/01/2025 |
| 05215 | 11/22/1979 | Female | MI | 48144 | Vision | Employee Only | 01/01/2025 |

| 05512 | 06/26/1978 | Male | MI | 48169 | Vision | Family | 01/01/2023 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 06083 | 02/03/1980 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 | |
| 06086 | 04/24/1970 | Male | MI | 48176 | Vision | Family | 01/01/2025 | |
| 06304 | 02/19/1978 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 06852 | 06/21/1964 | Male | MI | 48114 | Vision | Employee + One | 01/01/2025 | |
| 07123 | 11/20/1980 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 07649 | 06/23/1983 | Male | MI | 49240 | Vision | Employee Only | 01/01/2023 | |
| 07771 | 10/18/1962 | Male | MI | 49238 | Vision | Employee + One | 01/01/2025 | |
| 07929 | 06/07/1972 | Female | MI | 48130 | Vision | Family | 01/01/2025 | |
| 08119 | 10/10/1974 | Male | MI | 49240 | Vision | Family | 01/01/2025 | |
| 08394 | 12/08/1971 | Female | MI | 49240 | Vision | Employee + One | 01/01/2025 | |
| 08398 | 09/17/1973 | Female | MI | 49240 | Vision | Decline | 09/22/2005 | 12/31/2024 |
| 08787 | 07/04/1968 | Male | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 08963 | 06/25/1973 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 09017 | 11/02/1977 | Male | MI | 48855 | Vision | Employee Only | 01/01/2025 | |
| 09035 | 01/20/1983 | Female | MI | 48180 | Vision | Employee Only | 01/01/2024 | |
| 09046 | 04/15/1971 | Male | MI | 481039277 | Vision | Family | 01/01/2025 | |
| 09047 | 08/06/1974 | Male | MI | 49236 | Vision | Family | 01/01/2025 | |
| 09124 | 04/04/1968 | Male | MI | 48158 | Vision | Employee + One | 01/01/2025 | |
| 09258 | 06/23/1975 | Female | MI | 48188 | Vision | Family | 01/01/2025 | |
| 09466 | 05/31/1976 | Male | MI | 48198 | Vision | Family | 01/01/2025 | |
| 09565 | 05/17/1978 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 09682 | 05/15/1977 | Female | MI | 49240 | Vision | Employee + One | 01/01/2025 | |
| 09970 | 01/24/1965 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 | |
| 10304 | 10/05/1971 | Female | MI | 48187 | Vision | Family | 01/01/2025 | |
| 10593 | 11/12/1988 | Female | MI | 48176 | Vision | Employee + One | 01/01/2025 | |
| 10680 | 06/02/1979 | Female | MI | 48507 | Vision | Employee Only | 01/01/2025 | |
| 10792 | 10/14/1972 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 | |
| 10904 | 07/15/1967 | Female | ОН | 43615 | Vision | Employee + One | 01/01/2024 | |
| 10929 | 12/07/1958 | Female | MI | 48187 | Vision | Employee Only | 01/01/2024 | |
| 11006 | 11/10/1973 | Male | MI | 48130 | Vision | Employee + One | 01/01/2025 | |

| 11414 | 01/30/1971 | Female | MI | 48130 | Vision | Employee + One | 01/01/2025 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 11501 | 03/15/1973 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 11510 | 04/07/1967 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 11673 | 09/30/1966 | Male | MI | 481971862 | Vision | Employee + One | 01/01/2024 | |
| 12017 | 01/22/1960 | Male | MI | 48185 | Vision | Employee + One | 01/01/2024 | |
| 12066 | 10/07/1970 | Female | MI | 48214 | Vision | Decline | 01/01/2024 | 12/31/2024 |
| 12622 | 07/19/1975 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 13265 | 10/18/1969 | Male | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 13374 | 06/09/1963 | Male | MI | 48160 | Vision | Employee + One | 01/01/2023 | |
| 13419 | 01/10/1971 | Male | MI | 49285 | Vision | Employee + One | 01/01/2025 | |
| 13639 | 03/18/1978 | Female | MI | 48187 | Vision | Employee + One | 01/01/2025 | |
| 13660 | 05/06/1976 | Female | MI | 48197 | Vision | Decline | 01/01/2021 | 12/31/2024 |
| 13665 | 01/27/1972 | Male | MI | 48383 | Vision | Employee + One | 01/01/2025 | |
| 13667 | 08/15/1971 | Male | MI | 48415 | Vision | Family | 01/01/2025 | |
| 13684 | 02/01/1961 | Male | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 13691 | 11/02/1982 | Female | MI | 48104 | Vision | Family | 01/01/2025 | |
| 13696 | 05/31/1968 | Male | MI | 48176 | Vision | Employee + One | 01/01/2025 | |
| 13697 | 08/25/1972 | Male | MI | 48118 | Vision | Employee + One | 01/01/2024 | 04/20/2024 |
| 13697 | 08/25/1972 | Male | MI | 48118 | Vision | Employee + One | 01/01/2025 | |
| 13701 | 06/08/1980 | Male | MI | 48111 | Vision | Family | 01/01/2025 | |
| 13727 | 04/29/1977 | Female | MI | 48170 | Vision | Employee + One | 01/01/2022 | |
| 13780 | 01/28/1984 | Male | MI | 48160 | Vision | Family | 01/01/2025 | |
| 13825 | 12/29/1973 | Male | MI | 48160 | Vision | Family | 01/01/2025 | |
| 13836 | 11/10/1989 | Male | MI | 48130 | Vision | Family | 01/01/2024 | |
| 13852 | 06/10/1963 | Male | MI | 49270 | Vision | Employee + One | 01/01/2025 | |
| 13867 | 04/23/1980 | Male | MI | 48185 | Vision | Family | 01/01/2025 | |
| 13868 | 07/02/1963 | Male | MI | 48840 | Vision | Family | 01/01/2025 | |
| 13870 | 08/11/1971 | Female | MI | 48111 | Vision | Employee Only | 01/01/2025 | |
| 13875 | 09/02/1972 | Male | MI | 48176 | Vision | Family | 01/01/2025 | |
| 13885 | 02/15/1964 | Female | MI | 49285 | Vision | Employee Only | 01/01/2025 | |
| 13982 | 08/05/1971 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 | |

| 14080 | 10/30/1982 | Male | MI | 48104 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 14127 | 07/18/1979 | Male | MI | 48131 | Vision | Family | 01/01/2025 | |
| 14128 | 01/01/1965 | Female | MI | 48169 | Vision | Employee + One | 01/01/2025 | |
| 14146 | 08/05/1977 | Female | MI | 49240 | Vision | Employee + One | 01/01/2025 | |
| 14151 | 05/13/1974 | Female | MI | 48189 | Vision | Family | 02/25/2024 | |
| 14216 | 11/15/1972 | Male | MI | 48879 | Vision | Family | 01/01/2022 | |
| 14228 | 09/16/1988 | Female | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 14230 | 09/26/1989 | Male | MI | 48158 | Vision | Family | 01/01/2025 | |
| 14467 | 11/26/1956 | Male | MI | 49201 | Vision | Employee + One | 01/01/2025 | |
| 14504 | 10/01/1981 | Female | MI | 48108 | Vision | Family | 01/01/2025 | |
| 14666 | 08/01/1975 | Male | MI | 49229 | Vision | Family | 01/01/2025 | |
| 14669 | 04/20/1971 | Male | MI | 48189 | Vision | Family | 01/01/2025 | |
| 14679 | 12/11/1988 | Male | MI | 48130 | Vision | Family | 01/01/2025 | |
| 14680 | 05/17/1976 | Female | MI | 48239 | Vision | Employee + One | 01/01/2025 | |
| 14774 | 12/04/1973 | Male | MI | 48197 | Vision | Family | 01/01/2025 | |
| 14790 | 08/25/1978 | Male | MI | 48146 | Vision | Family | 01/01/2024 | |
| 14791 | 12/23/1968 | Male | MI | 49221 | Vision | Employee + One | 01/01/2025 | |
| 14799 | 09/30/1974 | Male | MI | 49236 | Vision | Family | 01/01/2022 | |
| 14800 | 06/14/1958 | Female | MI | 48198 | Vision | Employee Only | 01/01/2025 | |
| 14804 | 12/12/1975 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 14806 | 03/24/1983 | Male | MI | 49240 | Vision | Family | 01/01/2025 | |
| 14815 | 09/29/1981 | Male | MI | 48117 | Vision | Decline | 12/20/2011 | 12/31/2024 |
| 14817 | 07/25/1971 | Male | MI | 48192 | Vision | Family | 01/01/2025 | |
| 14820 | 03/11/1965 | Male | MI | 49285 | Vision | Employee + One | 01/01/2025 | |
| 14828 | 11/20/1970 | Male | MI | 48160 | Vision | Employee + One | 01/01/2024 | |
| 14834 | 01/26/1984 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 14846 | 11/18/1977 | Female | MI | 48239 | Vision | Employee Only | 01/01/2025 | |
| 14851 | 10/01/1959 | Male | MI | 48117 | Vision | Employee + One | 01/01/2025 | |
| 14853 | 07/31/1978 | Male | MI | 49229 | Vision | Family | 01/01/2025 | |
| 14855 | 10/11/1965 | Female | ОН | 43619 | Vision | Employee + One | 01/01/2025 | |
| 14856 | 09/08/1977 | Female | MI | 48178 | Vision | Family | 01/01/2025 | |

| 14867 | 06/05/1983 | Male | MI | 49271 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 15017 | 04/03/1986 | Female | MI | 49240 | Vision | Family | 01/01/2025 | |
| 15032 | 10/26/1977 | Male | MI | 48451 | Vision | Decline | 07/02/2023 | 12/31/2024 |
| 15033 | 08/19/1989 | Male | MI | 48843 | Vision | Family | 01/01/2025 | |
| 15034 | 05/11/1985 | Male | MI | 49240 | Vision | Family | 01/01/2025 | |
| 15037 | 03/23/1974 | Male | MI | 49286 | Vision | Family | 01/01/2025 | |
| 15038 | 02/19/1987 | Male | MI | 48154 | Vision | Family | 01/01/2024 | |
| 15039 | 12/12/1985 | Male | MI | 48382 | Vision | Family | 01/01/2025 | |
| 15046 | 06/22/1974 | Male | MI | 48189 | Vision | Family | 01/01/2025 | |
| 15066 | 04/06/1965 | Male | MI | 48116 | Vision | Employee + One | 01/01/2025 | |
| 15111 | 05/28/1964 | Male | MI | 48430 | Vision | Employee + One | 01/01/2025 | |
| 15142 | 10/28/1977 | Male | MI | 48116 | Vision | Family | 01/01/2025 | |
| 15150 | 08/05/1978 | Male | MI | 48159 | Vision | Employee Only | 01/01/2025 | |
| 15176 | 08/28/1977 | Male | MI | 48187 | Vision | Decline | 01/01/2013 | 12/31/2024 |
| 15179 | 05/24/1986 | Female | MI | 48188 | Vision | Family | 01/01/2025 | |
| 15198 | 10/11/1980 | Male | MI | 48872 | Vision | Family | 01/01/2025 | |
| 15200 | 08/04/1986 | Male | MI | 48154 | Vision | Family | 01/01/2025 | |
| 15201 | 10/28/1977 | Male | MI | 48382 | Vision | Family | 01/01/2025 | |
| 15204 | 08/01/1989 | Male | MI | 48240 | Vision | Employee Only | 01/01/2025 | |
| 15213 | 03/10/1968 | Male | MI | 48176 | Vision | Employee + One | 01/01/2025 | |
| 15214 | 05/31/1982 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 15218 | 10/16/1980 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 15231 | 03/23/1973 | Male | MI | 48169 | Vision | Family | 01/01/2025 | |
| 15232 | 10/30/1981 | Male | MI | 48178 | Vision | Employee Only | 01/01/2025 | |
| 15233 | 06/02/1984 | Male | MI | 48309 | Vision | Family | 01/01/2025 | |
| 15235 | 10/09/1978 | Male | MI | 48183 | Vision | Family | 01/01/2025 | |
| 15237 | 10/19/1984 | Male | MI | 48176 | Vision | Family | 01/01/2025 | |
| 15414 | 08/22/1970 | Male | MI | 48218 | Vision | Employee Only | 01/01/2025 | |
| 15415 | 08/30/1985 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 15422 | 08/16/1972 | Female | MI | 48178 | Vision | Family | 01/01/2025 | |
| 15429 | 08/06/1982 | Male | MI | 49286 | Vision | Family | 01/01/2025 | |

| 15431 | 10/27/1983 | Male | MI | 48118 | Vision | Family | 01/01/2025 |
|-------|------------|--------|----|-------|--------|----------------|------------|
| 15441 | 10/30/1963 | Female | MI | 48120 | Vision | Employee + One | 01/01/2025 |
| 15442 | 09/29/1977 | Male | MI | 48188 | Vision | Family | 01/01/2025 |
| 15444 | 01/22/1973 | Male | MI | 48187 | Vision | Employee + One | 01/01/2025 |
| 15449 | 11/16/1984 | Male | MI | 48178 | Vision | Employee + One | 01/01/2025 |
| 15453 | 06/18/1989 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 |
| 15456 | 05/28/1968 | Male | MI | 48104 | Vision | Employee + One | 01/01/2023 |
| 15558 | 09/19/1964 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 |
| 15579 | 08/26/1975 | Male | MI | 48197 | Vision | Employee + One | 01/01/2025 |
| 15580 | 06/06/1991 | Male | MI | 48430 | Vision | Employee Only | 01/01/2025 |
| 15584 | 01/26/1989 | Male | MI | 48433 | Vision | Family | 01/01/2025 |
| 15586 | 07/24/1989 | Male | MI | 48353 | Vision | Family | 01/01/2025 |
| 15588 | 04/27/1975 | Male | MI | 48174 | Vision | Employee + One | 01/01/2025 |
| 15609 | 05/08/1989 | Female | MI | 48189 | Vision | Family | 01/01/2025 |
| 15630 | 05/14/1984 | Female | MI | 48390 | Vision | Employee + One | 01/01/2025 |
| 15638 | 11/09/1984 | Male | MI | 49441 | Vision | Employee Only | 01/01/2025 |
| 15645 | 11/07/1997 | Female | MI | 48104 | Vision | Employee Only | 01/01/2025 |
| 15650 | 04/01/1976 | Male | MI | 48152 | Vision | Employee Only | 01/01/2023 |
| 15660 | 10/26/1974 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 |
| 15687 | 09/17/1973 | Female | MI | 48130 | Vision | Employee + One | 01/01/2025 |
| 15697 | 02/05/1981 | Male | MI | 49238 | Vision | Family | 01/01/2025 |
| 15702 | 07/09/1991 | Female | MI | 48187 | Vision | Family | 01/01/2025 |
| 15743 | 09/03/1958 | Female | MI | 48152 | Vision | Employee + One | 01/01/2025 |
| 15744 | 01/10/1981 | Male | MI | 49236 | Vision | Family | 01/01/2025 |
| 15748 | 06/04/1989 | Male | MI | 48103 | Vision | Employee Only | 01/01/2025 |
| 15760 | 04/09/1995 | Male | MI | 48158 | Vision | Employee Only | 01/01/2025 |
| 15817 | 10/01/1987 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 |
| 15824 | 05/27/1987 | Male | MI | 48356 | Vision | Employee + One | 01/01/2025 |
| 15851 | 08/05/1993 | Male | MI | 48158 | Vision | Employee Only | 01/01/2025 |
| 15856 | 04/20/1975 | Male | MI | 48103 | Vision | Employee + One | 01/01/2025 |
| 15857 | 03/17/1989 | Female | MI | 48197 | Vision | Family | 01/01/2025 |

| 15858 | 08/06/1978 | Female | MI | 48130 | Vision | Employee Only | 01/01/2022 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 15870 | 08/07/1979 | Male | MI | 48855 | Vision | Employee + One | 01/01/2025 | |
| 15872 | 07/20/1980 | Female | MI | 49236 | Vision | Employee + One | 01/01/2025 | |
| 15875 | 08/05/1989 | Male | MI | 48356 | Vision | Family | 01/01/2025 | |
| 15876 | 11/08/1986 | Female | MI | 48430 | Vision | Family | 01/01/2025 | |
| 15877 | 04/05/1979 | Male | MI | 48111 | Vision | Family | 01/01/2025 | |
| 15878 | 08/05/1979 | Male | MI | 48462 | Vision | Family | 01/01/2025 | |
| 15880 | 04/11/1981 | Male | MI | 49240 | Vision | Family | 01/01/2025 | |
| 15944 | 05/18/1981 | Male | MI | 48375 | Vision | Family | 01/01/2025 | |
| 15953 | 06/25/1989 | Male | MI | 48386 | Vision | Employee + One | 01/01/2025 | |
| 15959 | 09/08/1987 | Male | MI | 48843 | Vision | Family | 01/01/2025 | |
| 15979 | 10/06/1977 | Female | MI | 48105 | Vision | Family | 01/01/2025 | |
| 15985 | 12/12/1981 | Male | MI | 48118 | Vision | Employee + One | 01/01/2025 | |
| 16068 | 09/23/1979 | Male | MI | 48187 | Vision | Family | 01/01/2025 | |
| 16070 | 01/17/1986 | Male | MI | 48843 | Vision | Family | 01/01/2025 | |
| 16071 | 08/10/1980 | Female | MI | 48169 | Vision | Employee + One | 01/01/2025 | |
| 16074 | 11/09/1970 | Male | MI | 488436826 | Vision | Family | 01/01/2025 | |
| 16082 | 08/13/1977 | Male | MI | 48103 | Vision | Employee Only | 01/01/2024 | |
| 16083 | 01/08/1980 | Male | MI | 48197 | Vision | Family | 01/01/2024 | |
| 16090 | 07/25/1991 | Male | MI | 48169 | Vision | Family | 01/01/2025 | |
| 16092 | 11/01/1984 | Male | MI | 48187 | Vision | Family | 01/01/2025 | |
| 16096 | 01/04/1970 | Male | MI | 48386 | Vision | Employee + One | 01/01/2025 | |
| 16097 | 12/03/1984 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 16103 | 12/06/1978 | Female | MI | 48176 | Vision | Decline | 12/19/2021 | 12/31/2024 |
| 16118 | 06/27/1988 | Male | MI | 49265 | Vision | Family | 01/01/2025 | |
| 16144 | 04/17/1977 | Male | MI | 48169 | Vision | Family | 01/01/2025 | |
| 16145 | 12/17/1969 | Male | MI | 48118 | Vision | Family | 01/01/2025 | |
| 16154 | 12/03/1990 | Male | MI | 49267 | Vision | Family | 01/01/2025 | |
| 16165 | 10/23/1984 | Male | MI | 48159 | Vision | Family | 01/01/2023 | |
| 16179 | 03/02/1974 | Male | MI | 49236 | Vision | Employee + One | 01/01/2025 | |
| 16219 | 08/24/1981 | Male | MI | 49240 | Vision | Decline | 01/01/2016 | 12/31/2024 |

| 16220 | 06/04/1975 | Female | MI | 48843 | Vision | Employee Only | 01/01/2025 |
|-------|------------|--------|----|-------|--------|----------------|------------|
| 16221 | 09/29/1981 | Male | MI | 48105 | Vision | Family | 01/01/2023 |
| 16279 | 05/05/1994 | Male | MI | 48197 | Vision | Employee Only | 10/20/2024 |
| 16284 | 09/11/1975 | Male | MI | 48179 | Vision | Family | 01/01/2025 |
| 16286 | 08/25/1977 | Male | MI | 48176 | Vision | Employee + One | 01/01/2025 |
| 16287 | 08/11/1980 | Male | MI | 48168 | Vision | Family | 01/01/2025 |
| 16288 | 10/20/1986 | Female | MI | 48198 | Vision | Family | 01/01/2025 |
| 16289 | 09/14/1973 | Male | MI | 48130 | Vision | Family | 01/01/2025 |
| 16290 | 03/06/1973 | Male | MI | 48855 | Vision | Family | 10/21/2024 |
| 16291 | 09/22/1989 | Female | MI | 48377 | Vision | Employee Only | 01/01/2025 |
| 16302 | 01/20/1988 | Male | MI | 48118 | Vision | Employee Only | 01/01/2025 |
| 16309 | 06/28/1979 | Male | MI | 48843 | Vision | Family | 01/01/2025 |
| 16328 | 08/16/1983 | Female | MI | 49221 | Vision | Family | 01/01/2024 |
| 16339 | 02/05/1975 | Male | MI | 48105 | Vision | Family | 01/01/2025 |
| 16340 | 08/18/1967 | Male | MI | 48103 | Vision | Employee + One | 01/01/2025 |
| 16341 | 09/01/1988 | Male | MI | 48169 | Vision | Family | 01/01/2025 |
| 16348 | 02/05/1987 | Male | MI | 48843 | Vision | Family | 01/01/2025 |
| 16356 | 11/19/1988 | Male | MI | 48103 | Vision | Family | 01/01/2025 |
| 16369 | 10/16/1954 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 |
| 16372 | 06/09/1985 | Male | ОН | 43571 | Vision | Family | 01/01/2025 |
| 16376 | 09/04/1981 | Female | MI | 48188 | Vision | Family | 01/01/2025 |
| 16396 | 10/16/1971 | Male | MI | 48823 | Vision | Family | 01/01/2025 |
| 16402 | 11/02/1981 | Male | MI | 49286 | Vision | Family | 01/01/2025 |
| 16403 | 12/10/1990 | Male | MI | 49286 | Vision | Family | 01/01/2025 |
| 16463 | 12/03/1977 | Female | MI | 49201 | Vision | Family | 01/01/2025 |
| 16506 | 12/31/1996 | Female | MI | 48176 | Vision | Employee Only | 01/01/2025 |
| 16528 | 01/14/1973 | Female | MI | 48103 | Vision | Family | 01/01/2024 |
| 16566 | 06/17/1985 | Male | MI | 49286 | Vision | Family | 01/01/2025 |
| 16567 | 11/22/1977 | Male | MI | 48178 | Vision | Family | 01/01/2025 |
| 16587 | 03/17/1978 | Female | MI | 48108 | Vision | Employee Only | 01/01/2025 |
| 17137 | 12/02/1994 | Female | MI | 48198 | Vision | Employee Only | 01/01/2025 |

| 17140 | 12/22/1984 | Male | MI | 48439 | Vision | Employee + One | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 17141 | 11/23/1989 | Male | MI | 48357 | Vision | Family | 01/01/2025 | |
| 17142 | 03/20/1986 | Male | MI | 49259 | Vision | Employee Only | 01/01/2025 | |
| 17143 | 04/28/1989 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 17145 | 09/10/1990 | Male | MI | 48430 | Vision | Family | 01/01/2025 | |
| 17146 | 01/31/1985 | Male | MI | 48843 | Vision | Family | 01/01/2025 | |
| 17148 | 10/11/1982 | Male | MI | 49201 | Vision | Family | 01/01/2025 | |
| 17149 | 08/20/1983 | Male | MI | 48067 | Vision | Employee Only | 01/01/2025 | |
| 17151 | 11/07/1983 | Female | MI | 48154 | Vision | Family | 01/01/2025 | |
| 17173 | 06/02/1982 | Female | MI | 48197 | Vision | Family | 01/01/2025 | |
| 17177 | 02/05/1984 | Female | MI | 48843 | Vision | Family | 01/01/2025 | |
| 17182 | 07/27/1972 | Male | MI | 48108 | Vision | Family | 01/01/2025 | |
| 17217 | 11/08/1989 | Male | MI | 48118 | Vision | Employee Only | 12/16/2024 | |
| 17227 | 09/07/1975 | Female | MI | 48198 | Vision | Family | 01/01/2025 | |
| 17229 | 02/20/1994 | Female | MI | 49236 | Vision | Family | 01/01/2025 | |
| 17281 | 08/17/1976 | Male | MI | 48104 | Vision | Employee + One | 01/01/2025 | |
| 17384 | 04/15/1985 | Male | MI | 48150 | Vision | Family | 01/01/2025 | |
| 17385 | 05/17/1978 | Female | MI | 48116 | Vision | Employee Only | 01/01/2019 | |
| 17385 | 05/17/1978 | Female | MI | 48116 | Vision | Family | 01/01/2025 | |
| 17387 | 12/06/1987 | Male | MI | 49236 | Vision | Family | 01/01/2025 | |
| 17388 | 05/05/1981 | Male | MI | 48170 | Vision | Family | 01/01/2025 | |
| 17389 | 12/19/1992 | Male | MI | 49286 | Vision | Family | 01/01/2025 | |
| 17393 | 11/25/1977 | Female | MI | 49201 | Vision | Family | 01/01/2025 | |
| 17398 | 08/29/1968 | Female | AZ | 85255 | Vision | Employee Only | 01/01/2025 | |
| 17399 | 08/26/1968 | Female | MI | 48375 | Vision | Employee Only | 01/01/2025 | |
| 17401 | 08/25/1997 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 17436 | 06/06/1972 | Male | MI | 48111 | Vision | Employee + One | 01/01/2025 | |
| 17449 | 06/30/1985 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 17459 | 09/19/1971 | Male | MI | 48185 | Vision | Employee + One | 01/01/2025 | |
| 17466 | 04/26/1973 | Female | MI | 48103 | Vision | Employee + One | 01/01/2023 | |
| 17487 | 09/21/1973 | Female | MI | 48103 | Vision | Family | 01/01/2024 | 06/29/2024 |

| 17487 | 09/21/1973 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 17555 | 03/19/1996 | Female | MI | 48473 | Vision | Employee + One | 01/01/2025 | |
| 17556 | 02/18/1980 | Male | MI | 48159 | Vision | Family | 01/01/2025 | |
| 17586 | 10/05/1994 | Female | MI | 48168 | Vision | Family | 01/01/2025 | |
| 17597 | 08/11/1976 | Male | MI | 48473 | Vision | Employee + One | 01/01/2025 | |
| 17598 | 01/28/1987 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 17599 | 09/17/1978 | Male | MI | 48158 | Vision | Family | 01/01/2025 | |
| 17610 | 06/11/1980 | Male | MI | 48158 | Vision | Employee + One | 01/01/2025 | |
| 17620 | 06/14/1986 | Male | MI | 48182 | Vision | Family | 01/01/2025 | |
| 17621 | 12/19/1985 | Male | MI | 49286 | Vision | Family | 01/01/2024 | 06/01/2024 |
| 17621 | 12/19/1985 | Male | MI | 49286 | Vision | Family | 01/01/2025 | |
| 17623 | 03/16/1995 | Female | MI | 48176 | Vision | Employee Only | 01/01/2025 | |
| 17625 | 12/23/1966 | Male | MI | 49201 | Vision | Employee + One | 01/01/2025 | |
| 17645 | 10/20/1971 | Male | MI | 48170 | Vision | Employee Only | 01/01/2025 | |
| 17647 | 07/24/1989 | Male | MI | 48160 | Vision | Family | 01/01/2025 | |
| 17648 | 07/11/1976 | Male | MI | 48124 | Vision | Employee Only | 01/01/2025 | |
| 17656 | 03/13/1977 | Female | MI | 48118 | Vision | Employee Only | 01/01/2025 | |
| 17688 | 05/27/1962 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 17690 | 11/03/1989 | Female | NC | 27539 | Vision | Employee Only | 01/01/2025 | |
| 17693 | 06/04/1992 | Female | MI | 48130 | Vision | Family | 01/01/2025 | |
| 17698 | 05/10/1984 | Female | MI | 48118 | Vision | Family | 01/01/2022 | |
| 17699 | 11/15/1983 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 17700 | 04/02/1986 | Male | MI | 48836 | Vision | Family | 01/01/2025 | |
| 17706 | 12/23/1996 | Male | MI | 48118 | Vision | Employee + One | 01/01/2025 | |
| 17715 | 10/11/1991 | Female | MI | 48188 | Vision | Family | 01/01/2025 | |
| 17717 | 11/17/1954 | Male | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 17719 | 07/17/1978 | Male | MI | 49240 | Vision | Employee + One | 01/01/2025 | |
| 17722 | 08/18/1984 | Female | MI | 48105 | Vision | Employee + One | 01/01/2025 | |
| 17729 | 11/28/1968 | Female | MI | 48855 | Vision | Employee + One | 01/01/2025 | |
| 17730 | 09/13/1978 | Male | MI | 48178 | Vision | Employee + One | 01/01/2025 | |
| 17731 | 08/27/1965 | Male | MI | 48842 | Vision | Employee + One | 01/01/2025 | |

| 17732 | 10/18/1976 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 17742 | 05/08/1974 | Male | MI | 48301 | Vision | Family | 01/01/2025 | |
| 17743 | 02/28/1992 | Male | MI | 48197 | Vision | Family | 01/01/2025 | |
| 17751 | 06/14/1989 | Male | MI | 48836 | Vision | Family | 01/01/2025 | |
| 17752 | 01/15/1991 | Male | MI | 48154 | Vision | Family | 01/01/2024 | |
| 17755 | 07/15/1990 | Male | MI | 48116 | Vision | Employee Only | 01/01/2025 | |
| 17756 | 12/26/1993 | Male | MI | 49240 | Vision | Employee Only | 01/01/2025 | |
| 17758 | 09/20/1989 | Male | MI | 48152 | Vision | Employee Only | 01/01/2025 | |
| 17769 | 03/24/1964 | Female | MI | 48104 | Vision | Employee Only | 01/01/2025 | |
| 17773 | 06/17/1978 | Female | MI | 48116 | Vision | Family | 01/01/2025 | |
| 17778 | 12/02/1963 | Male | MI | 48169 | Vision | Employee + One | 01/01/2025 | |
| 17787 | 09/16/1998 | Male | MI | 48164 | Vision | Employee + One | 01/01/2025 | |
| 17788 | 10/17/1995 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 17812 | 12/24/1960 | Female | MI | 48114 | Vision | Employee + One | 01/01/2025 | |
| 17819 | 08/02/1982 | Male | MI | 48160 | Vision | Family | 01/01/2025 | |
| 17827 | 10/30/1979 | Female | MI | 48150 | Vision | Family | 01/01/2025 | |
| 17862 | 11/13/1987 | Male | MI | 48104 | Vision | Employee Only | 01/01/2023 | |
| 17875 | 11/15/1989 | Female | MI | 48185 | Vision | Employee + One | 01/01/2025 | |
| 17876 | 01/17/1983 | Male | MI | 48198 | Vision | Employee + One | 01/01/2024 | 10/19/2024 |
| 17876 | 01/17/1983 | Male | MI | 48198 | Vision | Employee + One | 01/01/2025 | |
| 17887 | 11/21/1991 | Male | MI | 48189 | Vision | Decline | 01/01/2024 | 12/31/2024 |
| 17926 | 08/22/1977 | Female | MI | 48219 | Vision | Employee + One | 01/01/2025 | |
| 17967 | 08/20/1984 | Female | MI | 49228 | Vision | Family | 01/01/2025 | |
| 17973 | 01/08/1999 | Male | MI | 48164 | Vision | Decline | 06/29/2024 | 06/29/2024 |
| 18008 | 05/08/1991 | Male | MI | 48393 | Vision | Decline | 01/01/2024 | 12/31/2024 |
| 18024 | 02/17/1982 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 18026 | 06/15/1989 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 | |
| 18028 | 11/09/1986 | Male | MI | 48162 | Vision | Family | 01/01/2025 | |
| 18029 | 12/18/1979 | Male | MI | 48176 | Vision | Family | 01/01/2025 | |
| 18030 | 10/18/1995 | Female | MI | 48130 | Vision | Family | 01/01/2025 | |
| 18033 | 06/23/1982 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |

| 18108 | 03/04/1972 | Male | MI | 49270 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 18118 | 07/18/1970 | Male | MI | 49247 | Vision | Employee + One | 01/01/2023 | |
| 18119 | 10/09/1970 | Male | ОН | 43617 | Vision | Employee Only | 01/01/2025 | |
| 18126 | 04/07/1982 | Male | MI | 49201 | Vision | Family | 01/01/2025 | |
| 18132 | 05/07/1990 | Male | MI | 48066 | Vision | Family | 01/01/2025 | |
| 18146 | 09/30/1986 | Female | MI | 49203 | Vision | Family | 01/01/2025 | |
| 18148 | 07/10/1990 | Male | MI | 49203 | Vision | Family | 01/01/2025 | |
| 18149 | 07/14/1994 | Male | MI | 49259 | Vision | Family | 01/01/2025 | |
| 18150 | 07/30/1991 | Male | MI | 48130 | Vision | Employee Only | 01/01/2025 | |
| 18151 | 06/20/1994 | Male | MI | 49242 | Vision | Family | 01/01/2025 | |
| 18153 | 01/22/1995 | Male | MI | 48430 | Vision | Employee Only | 01/01/2024 | |
| 18156 | 04/15/1961 | Male | MI | 49201 | Vision | Employee Only | 01/01/2024 | |
| 18161 | 09/24/1989 | Female | MI | 48174 | Vision | Employee + One | 01/01/2025 | |
| 18167 | 07/28/1997 | Male | MI | 49240 | Vision | Employee + One | 01/01/2025 | |
| 18305 | 05/15/1975 | Male | MI | 49221 | Vision | Employee + One | 01/01/2025 | |
| 18377 | 07/24/1964 | Male | MI | 48137 | Vision | Employee + One | 01/01/2025 | |
| 18389 | 12/30/1976 | Male | MI | 48167 | Vision | Family | 01/01/2025 | |
| 18394 | 02/10/1994 | Male | MI | 49229 | Vision | Family | 01/01/2025 | |
| 18399 | 03/02/1978 | Male | MI | 49201 | Vision | Family | 01/01/2025 | |
| 18422 | 04/28/1983 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 18423 | 04/03/1982 | Female | MI | 48375 | Vision | Decline | 03/18/2019 | 12/31/2024 |
| 18424 | 01/03/1982 | Male | MI | 48137 | Vision | Family | 01/01/2025 | |
| 18425 | 01/06/1987 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 18427 | 10/08/1978 | Male | MI | 48187 | Vision | Family | 01/01/2025 | |
| 18428 | 10/14/1976 | Male | MI | 48118 | Vision | Family | 01/01/2025 | |
| 18465 | 01/14/1963 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 18472 | 08/12/1970 | Male | MI | 48111 | Vision | Employee + One | 01/01/2025 | |
| 18487 | 08/14/1997 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 18489 | 02/08/1986 | Male | MI | 48164 | Vision | Family | 01/01/2025 | |
| 18490 | 03/25/1983 | Male | MI | 48130 | Vision | Decline | 09/15/2019 | 12/31/2024 |
| 18517 | 03/04/2001 | Female | MI | 49203 | Vision | Employee Only | 01/01/2025 | |

| 18555 | 09/07/1979 | Male | MI | 49286 | Vision | Employee + One | 01/01/2025 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 18556 | 04/09/2002 | Female | MI | 48103 | Vision | Decline | 05/19/2024 | 12/31/2024 |
| 18629 | 09/22/1976 | Male | MI | 48158 | Vision | Employee + One | 01/01/2025 | |
| 18641 | 06/17/1990 | Female | MI | 48154 | Vision | Employee + One | 01/01/2025 | |
| 18642 | 08/24/1995 | Female | MI | 48843 | Vision | Employee Only | 01/01/2024 | |
| 18643 | 08/10/1996 | Male | MI | 48104 | Vision | Employee Only | 01/01/2025 | |
| 18648 | 07/06/1956 | Male | MI | 48187 | Vision | Employee + One | 01/01/2025 | |
| 18662 | 09/17/1976 | Female | MI | 48168 | Vision | Family | 01/01/2025 | |
| 18664 | 04/29/1998 | Female | MI | 48178 | Vision | Decline | 01/01/2023 | 12/31/2024 |
| 18665 | 06/20/1986 | Male | MI | 48393 | Vision | Family | 01/01/2025 | |
| 18670 | 06/12/1997 | Male | MI | 48111 | Vision | Employee Only | 01/01/2025 | |
| 18672 | 02/02/1970 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 18729 | 06/27/1989 | Female | MI | 48174 | Vision | Employee Only | 01/01/2025 | |
| 18734 | 08/28/1989 | Female | MI | 48473 | Vision | Employee Only | 01/01/2025 | |
| 18747 | 12/07/1995 | Female | MI | 49254 | Vision | Family | 01/01/2025 | |
| 18756 | 11/02/1970 | Female | MI | 49221 | Vision | Employee + One | 01/01/2025 | |
| 18774 | 11/02/1982 | Female | MI | 488215003 | Vision | Employee Only | 01/01/2025 | |
| 18791 | 06/21/1994 | Male | MI | 49286 | Vision | Employee + One | 01/01/2025 | |
| 18792 | 09/18/1984 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 18857 | 09/21/1994 | Male | MI | 48170 | Vision | Family | 01/01/2025 | |
| 18865 | 06/07/1974 | Male | MI | 49203 | Vision | Family | 01/01/2022 | |
| 18884 | 07/18/1994 | Female | MI | 49240 | Vision | Employee Only | 01/01/2025 | |
| 18886 | 07/24/1980 | Male | MI | 48130 | Vision | Family | 01/01/2025 | |
| 18888 | 11/04/1976 | Female | MI | 48335 | Vision | Family | 01/01/2025 | |
| 18890 | 01/18/1984 | Male | MI | 48176 | Vision | Employee + One | 01/01/2023 | |
| 18905 | 08/01/1998 | Female | MI | 48195 | Vision | Family | 01/01/2025 | |
| 18917 | 08/01/1989 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 18918 | 01/16/2001 | Male | MI | 49240 | Vision | Employee Only | 01/01/2025 | |
| 18920 | 03/11/1994 | Male | MI | 48178 | Vision | Family | 01/01/2024 | |
| 18921 | 09/26/1991 | Male | MI | 48118 | Vision | Family | 01/01/2024 | |
| 18927 | 05/26/1993 | Male | ОН | 43615 | Vision | Employee Only | 01/01/2025 | |

| 18930 | 06/06/1980 | Female | MI | 48105 | Vision | Employee + One | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 18962 | 02/28/1992 | Male | MI | 48198 | Vision | Employee Only | 01/01/2025 | |
| 18985 | 03/15/1997 | Female | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 19068 | 10/30/1976 | Male | MI | 48189 | Vision | Employee + One | 01/01/2025 | |
| 19075 | 12/05/1965 | Female | MI | 48159 | Vision | Employee + One | 01/01/2025 | |
| 19140 | 07/18/1960 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 | |
| 19141 | 10/16/1959 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 19296 | 05/01/1995 | Female | MI | 49286 | Vision | Employee Only | 01/01/2024 | |
| 19568 | 07/28/1997 | Male | MI | 48158 | Vision | Employee Only | 01/01/2023 | |
| 19575 | 01/09/1972 | Male | MI | 48329 | Vision | Decline | 02/06/2021 | 12/31/2024 |
| 19619 | 04/29/1974 | Male | MI | 48159 | Vision | Employee + One | 01/01/2025 | |
| 19658 | 02/17/1992 | Male | MI | 48108 | Vision | Employee + One | 01/01/2022 | |
| 19659 | 01/15/1985 | Male | MI | 48198 | Vision | Employee + One | 01/01/2024 | |
| 19661 | 04/16/1987 | Female | MI | 48843 | Vision | Family | 01/01/2023 | |
| 19666 | 08/22/1989 | Male | MI | 49201 | Vision | Family | 01/01/2024 | |
| 19667 | 04/15/1971 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 19670 | 10/15/1963 | Female | MI | 48130 | Vision | Employee Only | 01/01/2025 | |
| 19671 | 12/14/1991 | Female | MI | 48101 | Vision | Family | 01/01/2025 | |
| 19672 | 07/30/1995 | Male | MI | 48640 | Vision | Family | 01/01/2025 | |
| 19673 | 11/16/1999 | Male | MI | 48189 | Vision | Employee Only | 01/01/2023 | |
| 19674 | 08/20/1989 | Male | MI | 48842 | Vision | Family | 01/01/2025 | |
| 19678 | 09/17/1984 | Female | MI | 49236 | Vision | Family | 01/01/2025 | |
| 19683 | 02/11/1984 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 19684 | 11/11/1997 | Male | MI | 48166 | Vision | Employee Only | 01/01/2025 | |
| 19685 | 05/21/1971 | Female | MI | 48137 | Vision | Employee + One | 01/01/2025 | |
| 19700 | 09/07/1986 | Male | MI | 48111 | Vision | Family | 01/01/2025 | |
| 19701 | 03/29/1978 | Male | MI | 48150 | Vision | Decline | 01/01/2024 | 12/31/2024 |
| 19705 | 06/11/1961 | Male | MI | 48131 | Vision | Employee + One | 01/01/2024 | |
| 19706 | 05/25/1998 | Female | MI | 48103 | Vision | Employee Only | 05/01/2023 | |
| 19709 | 03/09/1981 | Male | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 19726 | 02/17/1995 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 | |

| 19727 | 08/01/1985 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 19737 | 07/01/1985 | Male | MI | 48111 | Vision | Employee + One | 01/01/2024 | |
| 19743 | 02/12/1968 | Male | MI | 48169 | Vision | Employee + One | 01/01/2025 | |
| 19770 | 11/22/1980 | Male | MI | 49240 | Vision | Family | 01/01/2024 | |
| 19771 | 10/19/1994 | Male | MI | 49229 | Vision | Family | 01/01/2023 | |
| 19780 | 12/30/1998 | Female | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 19782 | 08/09/1972 | Male | MI | 48105 | Vision | Family | 01/01/2025 | |
| 19812 | 07/07/1999 | Female | MI | 48336 | Vision | Employee Only | 01/01/2025 | |
| 19818 | 10/02/1974 | Female | MI | 48161 | Vision | Employee + One | 01/01/2025 | |
| 19819 | 11/15/1987 | Female | MI | 48130 | Vision | Employee + One | 01/01/2025 | |
| 19849 | 01/18/1985 | Male | MI | 48184 | Vision | Family | 01/01/2025 | |
| 19851 | 09/01/1992 | Female | MI | 49221 | Vision | Employee Only | 01/01/2024 | |
| 19853 | 08/14/1989 | Male | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 19855 | 11/06/1996 | Male | MI | 48335 | Vision | Employee + One | 01/01/2025 | |
| 19856 | 07/10/1993 | Male | MI | 48336 | Vision | Family | 01/01/2025 | |
| 19860 | 03/09/1992 | Female | MI | 48162 | Vision | Employee + One | 01/01/2024 | |
| 19879 | 07/04/1988 | Female | MI | 48103 | Vision | Family | 01/01/2025 | |
| 19880 | 06/26/1960 | Female | MI | 49240 | Vision | Decline | 06/21/2021 | 12/31/2024 |
| 19890 | 03/04/1969 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 19902 | 03/16/1970 | Female | MI | 48176 | Vision | Employee + One | 01/01/2022 | |
| 19906 | 09/05/1991 | Male | MI | 48197 | Vision | Employee + One | 01/01/2025 | |
| 19907 | 11/23/1993 | Male | MI | 48116 | Vision | Employee Only | 01/01/2025 | |
| 19908 | 03/28/1996 | Male | MI | 48169 | Vision | Employee Only | 01/01/2022 | |
| 19909 | 07/01/1994 | Female | MI | 49230 | Vision | Employee Only | 01/01/2025 | |
| 19911 | 12/13/1980 | Male | MI | 48160 | Vision | Family | 01/01/2024 | |
| 19924 | 03/11/1981 | Male | MI | 48105 | Vision | Employee Only | 01/01/2025 | |
| 19933 | 10/10/1977 | Female | MI | 48178 | Vision | Employee Only | 01/01/2025 | |
| 19941 | 06/01/1984 | Female | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 19942 | 04/25/1991 | Female | MI | 48187 | Vision | Family | 01/01/2025 | |
| 19943 | 06/17/1993 | Male | MI | 481974520 | Vision | Employee Only | 01/01/2025 | |
| 19945 | 12/18/1967 | Female | MI | 48108 | Vision | Family | 01/01/2022 | |

| 19946 | 03/01/1997 | Female | MI | 48105 | Vision | Employee Only | 01/01/2024 |
|-------|------------|--------|----|-------|--------|----------------|------------|
| 19948 | 07/14/1975 | Female | MI | 48103 | Vision | Employee + One | 01/01/2025 |
| 19950 | 02/10/1986 | Male | MI | 48073 | Vision | Employee + One | 01/01/2025 |
| 19958 | 05/22/1980 | Female | MI | 48187 | Vision | Family | 01/01/2025 |
| 19974 | 07/28/1998 | Female | MI | 48836 | Vision | Employee Only | 07/29/2024 |
| 19975 | 07/12/1968 | Male | MI | 48103 | Vision | Employee + One | 01/01/2024 |
| 19977 | 03/26/2000 | Female | MI | 48198 | Vision | Employee Only | 01/01/2025 |
| 19981 | 09/19/1981 | Female | MI | 48104 | Vision | Employee + One | 01/01/2025 |
| 19989 | 12/21/1993 | Male | MI | 48176 | Vision | Employee Only | 01/01/2024 |
| 19997 | 09/02/1988 | Male | MI | 48131 | Vision | Family | 01/01/2025 |
| 20003 | 02/19/1986 | Male | MI | 49224 | Vision | Family | 01/01/2025 |
| 20012 | 12/02/1964 | Male | MI | 49201 | Vision | Employee + One | 01/01/2025 |
| 20013 | 07/16/1966 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 |
| 20014 | 10/29/1981 | Male | MI | 48118 | Vision | Family | 01/01/2023 |
| 20015 | 09/03/1995 | Female | MI | 48169 | Vision | Employee Only | 01/01/2025 |
| 20020 | 05/17/1972 | Female | MI | 48198 | Vision | Employee + One | 01/01/2025 |
| 20021 | 07/26/1983 | Female | MI | 49286 | Vision | Family | 01/01/2025 |
| 20022 | 01/11/1969 | Female | MI | 48178 | Vision | Employee Only | 01/01/2025 |
| 20023 | 02/12/1998 | Male | MI | 48104 | Vision | Employee Only | 01/01/2024 |
| 20026 | 09/11/1989 | Male | MI | 48108 | Vision | Employee + One | 01/01/2025 |
| 20028 | 01/28/1989 | Male | MI | 48174 | Vision | Family | 04/17/2022 |
| 20031 | 01/12/1997 | Male | MI | 48178 | Vision | Employee Only | 01/01/2023 |
| 20039 | 08/09/1978 | Female | MI | 48130 | Vision | Family | 01/01/2025 |
| 20043 | 09/27/1993 | Male | MI | 49283 | Vision | Family | 01/01/2025 |
| 20044 | 04/12/1973 | Female | MI | 48176 | Vision | Employee + One | 01/01/2025 |
| 20050 | 09/09/1996 | Male | MI | 48150 | Vision | Employee Only | 01/01/2025 |
| 20054 | 06/12/1997 | Male | MI | 48111 | Vision | Employee + One | 01/01/2025 |
| 20056 | 07/06/1984 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 |
| 20063 | 03/09/1990 | Male | MI | 48108 | Vision | Family | 09/15/2023 |
| 20064 | 04/18/1993 | Male | MI | 48180 | Vision | Family | 01/01/2024 |
| 20065 | 09/16/1988 | Male | MI | 48158 | Vision | Family | 01/01/2025 |

| 20069 | 09/20/1995 | Female | MI | 48176 | Vision | Employee Only | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 20071 | 06/19/1992 | Male | IN | 46307 | Vision | Employee Only | 06/25/2022 | |
| 20074 | 03/15/1985 | Female | MI | 48843 | Vision | Employee Only | 01/01/2025 | |
| 20081 | 10/13/1981 | Male | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 20087 | 10/17/1974 | Female | MI | 48103 | Vision | Family | 11/27/2022 | |
| 20090 | 02/27/1986 | Male | MI | 48146 | Vision | Employee + One | 01/01/2025 | |
| 20092 | 03/20/1992 | Male | MI | 49230 | Vision | Employee Only | 01/01/2025 | |
| 20133 | 07/15/1977 | Male | MI | 48164 | Vision | Employee Only | 01/01/2025 | |
| 20134 | 11/16/1980 | Male | MI | 49240 | Vision | Family | 01/01/2025 | |
| 20157 | 09/19/1990 | Male | MI | 48189 | Vision | Employee + One | 08/06/2022 | |
| 20158 | 02/08/1986 | Male | MI | 48017 | Vision | Family | 01/01/2025 | |
| 20159 | 11/17/1990 | Male | MI | 48168 | Vision | Employee + One | 01/01/2025 | |
| 20164 | 06/15/2000 | Female | MI | 48152 | Vision | Employee Only | 01/01/2025 | |
| 20204 | 07/18/1968 | Male | MI | 49240 | Vision | Decline | 08/20/2022 | 12/31/2024 |
| 20206 | 06/19/1996 | Male | MI | 48131 | Vision | Employee Only | 01/01/2023 | |
| 20207 | 08/22/1998 | Female | MI | 48105 | Vision | Employee Only | 01/01/2024 | |
| 20209 | 08/01/1988 | Male | MI | 48197 | Vision | Family | 01/01/2025 | |
| 20210 | 02/16/1995 | Male | MI | 49283 | Vision | Employee Only | 01/01/2024 | |
| 20211 | 04/11/2000 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 | |
| 20244 | 05/06/1998 | Female | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 20262 | 04/01/1996 | Male | MI | 49201 | Vision | Employee Only | 01/01/2025 | |
| 20300 | 01/11/1986 | Female | MI | 48186 | Vision | Employee + One | 01/01/2025 | |
| 20301 | 11/23/1983 | Male | MI | 48128 | Vision | Employee + One | 01/01/2023 | |
| 20302 | 01/11/1962 | Male | MI | 48103 | Vision | Employee + One | 10/08/2022 | |
| 20303 | 08/26/1997 | Female | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 20304 | 02/28/1987 | Female | MI | 48103 | Vision | Employee Only | 07/11/2022 | 10/05/2024 |
| 20304 | 02/28/1987 | Female | MI | 48103 | Vision | Employee Only | 10/06/2024 | |
| 20306 | 05/13/1982 | Male | MI | 48159 | Vision | Family | 01/01/2025 | |
| 20308 | 08/05/1982 | Female | MI | 48111 | Vision | Employee + One | 01/01/2025 | |
| 20438 | 05/04/1983 | Female | MI | 48197 | Vision | Employee Only | 01/01/2025 | |
| 20458 | 01/16/1999 | Female | MI | 48198 | Vision | Employee + One | 01/01/2025 | |

| 20461 | 12/31/1998 | Male | MI | 48198 | Vision | Employee + One | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 20466 | 09/14/1960 | Female | MI | 48118 | Vision | Employee Only | 01/01/2025 | |
| 20467 | 10/31/1987 | Female | MI | 48158 | Vision | Family | 01/01/2025 | |
| 20472 | 01/10/1987 | Male | MI | 48843 | Vision | Family | 01/01/2024 | |
| 20478 | 10/17/1992 | Female | MI | 48198 | Vision | Employee + One | 01/01/2024 | |
| 20481 | 06/19/1990 | Male | MI | 48197 | Vision | Family | 01/01/2025 | |
| 20482 | 12/11/1989 | Male | MI | 48162 | Vision | Employee + One | 01/01/2025 | |
| 20483 | 05/08/1986 | Male | MI | 48167 | Vision | Family | 01/01/2024 | |
| 20484 | 05/27/1983 | Male | MI | 48198 | Vision | Employee + One | 01/01/2025 | |
| 20488 | 10/22/1992 | Female | MI | 48105 | Vision | Employee + One | 01/01/2025 | |
| 20494 | 10/17/1995 | Male | MI | 48189 | Vision | Employee Only | 01/01/2025 | |
| 20504 | 06/14/1999 | Male | MI | 48843 | Vision | Employee + One | 01/01/2025 | |
| 20505 | 07/18/1998 | Female | MI | 48146 | Vision | Family | 01/01/2025 | |
| 20507 | 02/08/1999 | Male | MI | 49283 | Vision | Employee Only | 01/01/2025 | |
| 20511 | 06/12/1969 | Male | MI | 48827 | Vision | Family | 01/01/2024 | 10/05/2024 |
| 20511 | 06/12/1969 | Male | MI | 48827 | Vision | Family | 01/01/2025 | |
| 20513 | 06/08/1976 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 20521 | 04/20/2000 | Female | MI | 49423 | Vision | Decline | 01/01/2024 | 12/31/2024 |
| 20522 | 09/16/1997 | Female | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 20526 | 11/21/1984 | Male | MI | 48124 | Vision | Family | 01/01/2025 | |
| 20527 | 06/12/1966 | Female | MI | 48116 | Vision | Employee Only | 01/21/2023 | 11/02/2024 |
| 20527 | 06/12/1966 | Female | MI | 48116 | Vision | Employee Only | 11/03/2024 | |
| 20664 | 04/18/1967 | Female | MI | 48160 | Vision | Employee + One | 01/01/2025 | |
| 20693 | 01/27/1987 | Female | MI | 48202 | Vision | Employee + One | 01/01/2025 | |
| 20703 | 07/11/1996 | Male | MI | 48162 | Vision | Employee Only | 06/12/2023 | |
| 20718 | 09/29/1961 | Female | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 20720 | 08/19/1962 | Male | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 20722 | 02/19/1979 | Male | MI | 48130 | Vision | Family | 01/01/2025 | |
| 20723 | 11/24/1976 | Male | MI | 48103 | Vision | Family | 01/01/2025 | |
| 20724 | 02/07/1997 | Male | MI | 48180 | Vision | Family | 01/01/2024 | |
| 20730 | 08/26/1987 | Male | MI | 48111 | Vision | Family | 01/01/2025 | |

| 20735 | 04/05/1988 | Male | MI | 49286 | Vision | Family | 01/01/2024 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 20736 | 02/09/1972 | Female | MI | 48433 | Vision | Family | 01/03/2023 | |
| 20737 | 03/28/1996 | Female | MI | 48116 | Vision | Employee Only | 01/01/2025 | |
| 20741 | 11/22/1986 | Male | MI | 48017 | Vision | Employee + One | 01/01/2025 | |
| 20742 | 12/09/2000 | Male | MI | 49236 | Vision | Decline | 08/18/2023 | 12/31/2024 |
| 20745 | 12/09/1963 | Male | MI | 48205 | Vision | Employee + One | 01/01/2025 | |
| 20747 | 04/09/1998 | Female | MI | 481046152 | Vision | Employee Only | 01/01/2025 | |
| 20760 | 04/26/1991 | Male | MI | 49229 | Vision | Family | 01/01/2025 | |
| 20767 | 01/28/1992 | Female | MI | 48189 | Vision | Employee Only | 05/21/2023 | |
| 20770 | 07/04/1995 | Male | MI | 48178 | Vision | Family | 01/01/2025 | |
| 20772 | 06/23/1983 | Male | MI | 48166 | Vision | Family | 01/01/2025 | |
| 20773 | 02/01/1995 | Male | MI | 48116 | Vision | Employee Only | 01/01/2024 | |
| 20780 | 08/19/1969 | Male | MI | 48158 | Vision | Employee + One | 01/01/2025 | |
| 20791 | 07/10/1997 | Female | MI | 48108 | Vision | Employee Only | 01/05/2024 | |
| 20803 | 10/30/1997 | Male | MI | 48430 | Vision | Employee Only | 01/01/2025 | |
| 20805 | 12/02/1993 | Female | MI | 48114 | Vision | Employee Only | 01/01/2025 | |
| 20838 | 10/02/2002 | Female | MI | 48108 | Vision | Employee Only | 10/30/2024 | |
| 20850 | 04/12/1995 | Female | MI | 49201 | Vision | Employee Only | 01/01/2025 | |
| 20861 | 06/26/2002 | Male | MI | 48104 | Vision | Decline | 08/17/2024 | 08/17/2024 |
| 20878 | 05/17/1990 | Male | MI | 48154 | Vision | Family | 01/01/2025 | |
| 20880 | 07/13/1973 | Male | MI | 48197 | Vision | Decline | 01/01/2024 | 01/01/2024 |
| 20881 | 10/09/2001 | Male | MI | 48130 | Vision | Decline | 10/06/2024 | 12/31/2024 |
| 20882 | 09/14/2001 | Female | MI | 48131 | Vision | Employee Only | 01/01/2025 | |
| 20886 | 04/27/1971 | Female | MI | 48169 | Vision | Employee Only | 01/01/2025 | |
| 20892 | 09/08/2002 | Female | MI | 48197 | Vision | Employee + One | 11/12/2023 | |
| 20952 | 11/23/1977 | Female | MI | 48187 | Vision | Decline | 09/10/2023 | 12/31/2024 |
| 20962 | 03/19/1998 | Male | MI | 48104 | Vision | Employee Only | 01/01/2025 | |
| 20966 | 12/10/1995 | Male | MI | 48111 | Vision | Employee Only | 01/01/2025 | |
| 20967 | 06/23/1989 | Male | MI | 48152 | Vision | Family | 01/01/2025 | |
| 20968 | 03/15/2001 | Male | MI | 48198 | Vision | Employee Only | 01/01/2025 | |
| 20969 | 11/05/1995 | Female | MI | 48073 | Vision | Employee Only | 01/01/2024 | 05/18/2024 |

| 20969 | 11/05/1995 | Female | MI | 48073 | Vision | Employee Only | 01/01/2025 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 20981 | 06/30/1994 | Female | MI | 48239 | Vision | Employee Only | 01/01/2025 | |
| 20982 | 07/07/1963 | Female | MI | 48038 | Vision | Employee + One | 01/01/2025 | |
| 20990 | 12/15/1997 | Male | MI | 48108 | Vision | Employee Only | 01/01/2025 | |
| 20991 | 03/24/1988 | Male | MI | 48189 | Vision | Family | 01/01/2025 | |
| 20992 | 04/16/1986 | Female | MI | 48375 | Vision | Decline | 08/21/2023 | 12/31/2024 |
| 20993 | 07/10/1993 | Male | MI | 48104 | Vision | Employee Only | 01/01/2025 | |
| 20995 | 05/05/1983 | Female | MI | 48105 | Vision | Employee Only | 01/01/2025 | |
| 20998 | 03/02/1998 | Male | MI | 48176 | Vision | Employee Only | 08/28/2023 | |
| 21002 | 05/29/1990 | Female | MI | 48178 | Vision | Family | 01/01/2025 | |
| 21005 | 02/19/1998 | Female | MI | 48108 | Vision | Employee + One | 01/01/2025 | |
| 21009 | 02/09/2001 | Female | MI | 48105 | Vision | Decline | 01/01/2024 | 01/01/2024 |
| 21014 | 11/03/1982 | Male | MI | 48228 | Vision | Employee + One | 01/01/2025 | |
| 21017 | 09/27/1970 | Female | MI | 48104 | Vision | Employee + One | 01/01/2025 | |
| 21021 | 01/23/1972 | Male | MI | 48104 | Vision | Employee Only | 10/02/2023 | |
| 21022 | 05/02/1990 | Male | MI | 48353 | Vision | Employee Only | 01/07/2024 | |
| 21026 | 08/29/1994 | Male | MI | 48185 | Vision | Employee + One | 01/01/2025 | |
| 21029 | 03/05/1996 | Male | MI | 48158 | Vision | Family | 01/01/2025 | |
| 21039 | 01/11/1966 | Female | MI | 48131 | Vision | Employee + One | 01/01/2025 | |
| 21040 | 01/18/1975 | Male | MI | 48197 | Vision | Decline | 01/27/2024 | 12/31/2024 |
| 21041 | 08/10/1979 | Female | MI | 48130 | Vision | Employee + One | 01/01/2025 | |
| 21047 | 06/21/1981 | Female | MI | 48178 | Vision | Employee Only | 01/01/2025 | |
| 21050 | 10/12/1998 | Female | MI | 48152 | Vision | Employee Only | 11/01/2024 | |
| 21050 | 10/12/1998 | Female | MI | 48152 | Vision | Decline | 02/11/2024 | 02/11/2024 |
| 21051 | 04/19/1993 | Male | MI | 48187 | Vision | Family | 02/11/2024 | 11/08/2024 |
| 21051 | 04/19/1993 | Male | MI | 48187 | Vision | Family | 11/09/2024 | |
| 21052 | 06/02/2001 | Male | MI | 48105 | Vision | Decline | 02/11/2024 | 02/11/2024 |
| 21052 | 06/02/2001 | Male | MI | 48105 | Vision | Decline | 11/09/2024 | 11/09/2024 |
| 21053 | 08/17/1992 | Male | MI | 48130 | Vision | Family | 02/10/2024 | |
| 21054 | 01/02/1984 | Male | MI | 48124 | Vision | Family | 02/11/2024 | |
| 21060 | 04/11/1983 | Female | MI | 48104 | Vision | Employee Only | 01/01/2025 | |

| 21066 | 02/06/1998 | Male | MI | 49265 | Vision | Employee Only | 01/01/2025 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 21067 | 12/04/1995 | Female | MI | 48130 | Vision | Employee + One | 01/01/2025 | |
| 21078 | 07/08/1999 | Female | MI | 48103 | Vision | Employee Only | 12/11/2023 | |
| 21086 | 03/25/1983 | Male | MI | 48103 | Vision | Decline | 01/03/2024 | 12/31/2024 |
| 21088 | 10/15/1991 | Male | MI | 48108 | Vision | Employee + One | 01/01/2025 | |
| 21089 | 10/19/2001 | Male | MI | 49509 | Vision | Family | 04/01/2024 | |
| 21091 | 07/21/1994 | Female | MI | 48169 | Vision | Employee + One | 04/06/2024 | |
| 21097 | 06/07/1992 | Female | MI | 48380 | Vision | Employee + One | 01/01/2025 | |
| 21098 | 02/05/1985 | Female | MI | 481769450 | Vision | Family | 01/01/2025 | |
| 21106 | 01/22/1965 | Male | MI | 48103 | Vision | Employee + One | 02/21/2024 | |
| 21163 | 04/21/1974 | Male | MI | 48185 | Vision | Employee Only | 01/01/2025 | |
| 21173 | 08/07/1994 | Male | MI | 49286 | Vision | Employee + One | 01/01/2025 | |
| 21180 | 05/06/1997 | Male | MI | 48103 | Vision | Decline | 12/29/2024 | 12/29/2024 |
| 21181 | 03/31/1978 | Male | MI | 48170 | Vision | Family | 01/01/2025 | |
| 21182 | 07/11/1978 | Male | MI | 48167 | Vision | Family | 01/01/2025 | |
| 21183 | 03/01/1975 | Male | MI | 48182 | Vision | Employee Only | 01/01/2025 | |
| 21184 | 01/27/1994 | Male | MI | 48127 | Vision | Employee Only | 01/01/2025 | |
| 21185 | 06/18/1991 | Female | MI | 48240 | Vision | Employee + One | 01/01/2025 | |
| 21187 | 03/29/1997 | Female | MI | 48111 | Vision | Employee Only | 01/01/2025 | |
| 21188 | 06/30/1977 | Male | MI | 48103 | Vision | Decline | 07/06/2024 | 07/06/2024 |
| 21193 | 04/19/1990 | Male | MI | 48197 | Vision | Family | 07/14/2024 | |
| 21198 | 08/15/1998 | Female | MI | 48105 | Vision | Employee Only | 01/01/2025 | |
| 21199 | 08/07/1986 | Female | MI | 48103 | Vision | Employee Only | 01/01/2025 | |
| 21215 | 08/09/1985 | Female | MI | 48154 | Vision | Family | 01/01/2025 | |
| 21249 | 11/14/1990 | Male | MI | 48430 | Vision | Family | 01/01/2025 | |
| 21250 | 02/12/2001 | Male | MI | 49201 | Vision | Employee Only | 07/27/2024 | |
| 21252 | 06/08/1998 | Male | MI | 48108 | Vision | Employee Only | 02/09/2025 | |
| 21258 | 10/06/1997 | Male | MI | 48197 | Vision | Decline | 08/03/2024 | 08/03/2024 |
| 21336 | 01/27/2001 | Male | MI | 48198 | Vision | Decline | 08/17/2024 | 08/17/2024 |
| 21337 | 05/26/1994 | Male | MI | 48111 | Vision | Employee + One | 08/17/2024 | |
| 21338 | 12/17/1999 | Female | MI | 48130 | Vision | Employee Only | 08/17/2024 | |

| 21339 | 06/04/1990 | Male | MI | 48128 | Vision | Family | 01/01/2025 | |
|-------|------------|--------|----|-----------|--------|----------------|------------|------------|
| 21340 | 07/10/1997 | Male | MI | 48182 | Vision | Employee Only | 08/17/2024 | |
| 21341 | 05/01/1990 | Male | MI | 481039163 | Vision | Employee Only | 01/01/2025 | |
| 21394 | 03/26/1985 | Male | MI | 48176 | Vision | Family | 06/10/2024 | |
| 21395 | 07/13/1983 | Female | MI | 48103 | Vision | Employee + One | 09/07/2024 | |
| 21396 | 12/09/1986 | Female | MI | 48197 | Vision | Employee + One | 01/01/2025 | |
| 21415 | 03/03/1979 | Female | MI | 48167 | Vision | Decline | 06/17/2024 | 06/17/2024 |
| 21419 | 08/06/1981 | Female | MI | 48124 | Vision | Employee + One | 06/24/2024 | |
| 21421 | 03/01/1971 | Female | MI | 49286 | Vision | Employee Only | 01/01/2025 | |
| 21422 | 10/15/1983 | Female | MI | 48137 | Vision | Employee + One | 06/24/2024 | |
| 21426 | 03/21/1969 | Male | MI | 48162 | Vision | Employee + One | 01/01/2025 | |
| 21429 | 12/06/2001 | Female | MI | 48210 | Vision | Employee Only | 07/22/2024 | |
| 21432 | 09/14/1988 | Female | MI | 48198 | Vision | Employee + One | 01/01/2025 | |
| 21486 | 04/01/1972 | Female | MI | 48105 | Vision | Employee Only | 01/01/2025 | |
| 21495 | 08/10/1995 | Female | MI | 48103 | Vision | Employee + One | 11/23/2024 | |
| 21496 | 10/29/1969 | Female | MI | 48103 | Vision | Employee Only | 11/23/2024 | |
| 21508 | 06/22/1995 | Female | MI | 48178 | Vision | Employee Only | 12/14/2024 | |
| 21516 | 06/15/1993 | Male | MI | 48116 | Vision | Employee Only | 12/21/2024 | |
| 21519 | 10/17/1980 | Male | MI | 48335 | Vision | Employee Only | 09/30/2024 | |
| 21521 | 07/30/1996 | Male | MI | 48043 | Vision | Family | 12/29/2024 | |
| 21522 | 01/04/1986 | Male | MI | 48197 | Vision | Family | 12/28/2024 | |
| 21523 | 07/12/2002 | Male | MI | 49203 | Vision | Employee Only | 12/28/2024 | |
| 21525 | 01/07/1998 | Female | MI | 48322 | Vision | Employee Only | 09/30/2024 | |
| 21527 | 10/07/1993 | Male | MI | 48169 | Vision | Employee Only | 01/04/2025 | |
| 21528 | 04/04/1990 | Male | MI | 48125 | Vision | Employee Only | 01/04/2025 | |
| 21532 | 01/03/1996 | Male | MI | 48104 | Vision | Employee Only | 10/21/2024 | |
| 21534 | 01/11/1980 | Female | MI | 48843 | Vision | Family | 01/18/2025 | |
| 21539 | 11/05/1999 | Male | MI | 48169 | Vision | Decline | 01/01/2025 | 01/01/2025 |
| 21543 | 03/20/1984 | Male | MI | 48104 | Vision | Employee + One | 02/09/2025 | |
| 21544 | 11/24/1997 | Female | MI | 48111 | Vision | Employee Only | 11/12/2024 | |
| 21545 | 03/21/1997 | Female | MI | 48170 | Vision | Employee Only | 11/12/2024 | |

| 21553 | 11/24/1978 | Male | MI | 48114 | Vision | Family | 11/18/2024 | |
|-------|------------|--------|----|-------|--------|----------------|------------|------------|
| 21554 | 10/12/2004 | Male | MI | 48169 | Vision | Decline | 04/11/2025 | 04/11/2025 |
| 21764 | 06/16/1975 | Female | MI | 48152 | Vision | Family | 11/25/2024 | |
| 21765 | 08/07/1987 | Male | MI | 49286 | Vision | Family | 11/25/2024 | |
| 21795 | 12/10/1980 | Male | MI | 48836 | Vision | Family | 12/02/2024 | |
| 21796 | 01/22/2002 | Female | MI | 48114 | Vision | Decline | 12/02/2024 | 12/02/2024 |
| 21798 | 08/12/1979 | Female | MI | 48179 | Vision | Employee Only | 03/01/2025 | |
| 21800 | 08/27/2001 | Female | MI | 48108 | Vision | Employee Only | 12/09/2024 | |
| 21809 | 08/09/1989 | Female | MI | 48843 | Vision | Employee + One | 12/19/2024 | |
| 21813 | 02/04/1980 | Female | MI | 48108 | Vision | Family | 01/02/2025 | |
| 21815 | 09/10/1980 | Male | MI | 48104 | Vision | Family | 01/21/2025 | |
| 21816 | 06/01/1981 | Male | MI | 48124 | Vision | Employee Only | 01/22/2025 | |
| 09260 | 01/27/1967 | Female | MI | 48197 | Vision | Employee Only | 12/31/2024 | 12/31/2024 |
| 15239 | 04/28/1988 | Female | MI | 48185 | Vision | Family | 01/01/2025 | |
| 16326 | 01/10/1973 | Male | MI | 48169 | Vision | Employee Only | 01/01/2025 | |
| 16568 | 10/02/1991 | Male | MI | 49286 | Vision | Family | 01/01/2025 | |
| 17147 | 11/14/1993 | Male | MI | 48380 | Vision | Employee + One | 01/01/2025 | |
| 17754 | 01/30/1995 | Male | MI | 48843 | Vision | Family | 01/01/2025 | |
| 17757 | 11/10/1991 | Male | MI | 49236 | Vision | Family | 01/01/2025 | |
| 17760 | 03/16/1972 | Female | MI | 48103 | Vision | Employee + One | 01/01/2025 | |
| 17791 | 12/28/1988 | Male | MI | 48108 | Vision | Family | 01/01/2025 | |
| 20804 | 03/19/2001 | Male | MI | 48116 | Vision | Employee Only | 01/01/2024 | |
| 20807 | 10/18/1987 | Male | MI | 48158 | Vision | Employee + One | 01/01/2025 | |
| 21157 | 10/29/1968 | Male | MI | 48111 | Vision | Employee + One | 01/01/2025 | |
| 21197 | 12/15/1996 | Female | MI | 48180 | Vision | Family | 01/01/2025 | |

Your custom vision quote

MORE OF WHAT'S BEST, NOT MORE OF THE SAME

Get the most out of your vision plan with these EyeMed highlights:

- Ability to use the frame and contact lens allowances in the same benefit year worth up to an extra $$100^{1}$
- Separate contact lens fit & follow-up coverage (leaving the entire allowance for materials)

Plus, with us, you also always get

| THE VISION NETWORK EMPLOYEES WANT | BENEFITS THAT REDEFINE EXPECTATIONS | ABOVE ALL ELSE, WE MAKE BENEFITS EASY |
|---|--|---|
| America's largest vision network with the right mix of providers ² | The freedom to choose any ophthalmic frame, lens or contact | Cost transparency with our Know Before You Go cost estimator |
| Several in-network options for buying eyewear online | lens without restrictions at any of our retail providers, independent provider locations or online | Digital tools like online scheduling ³ , a mobile app and personalized text alerts |
| | Complimentary HealthyEyes wellness program that keeps the focus on eye health with online tools, articles and videos to make the conversation around vision even easier | |
| | Members-only savings on eyewear, LASIK, hearing aids and more with online options | |

We can't wait to work with you – Contact Amiee Bounds at abounds@eyemed.com with questions

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¹ This document provides highlights of one or more EyeMed plans. Frame allowances may vary by plan. Please consult your EyeMed representative for details.

² Based on the EyeMed Insight network, October 2020.

³ At select locations



Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option City Of Ann Arbor-

Exam & Materials

Advantage Network

Fully Insured

Employer Paid

Funded Benefits

Frequency

Examination

Once every 12 months <u>Lenses (in lieu of contacts)</u> Once every 12 months

Contacts (in lieu of lenses) Once every 12 months

Frame Once every 12 months

Terms

Contract Term 48 months

Rate Guarantee

48 months

City of Ann Arbor

| VISION CARE SERVICES | IN-NETWORK MEMBER COST | OUT-OF-NETWORK MEMBER REIMBURSEMENT | |
|--|---|--|--|
| EXAM SERVICES | | | |
| Exam | \$0 copay | Up to \$30 | |
| FRAME | | | |
| Frame | \$0 copay; 20% off balance over \$100 allowance | Up to \$50 | |
| CONTACT LENSES | | | |
| (Contact Lens allowance includes materials | only) | | |
| Contacts - Conventional | \$0 copay; 15% off balance over \$100 allowance | Up to \$80 | |
| Contacts - Disposable | \$0 copay; 100% of balance over \$100 allowance | Up to \$80 | |
| Contacts - Medically Necessary | \$0 copay; paid-in-full | Up to \$200 | |
| STANDARD PLASTIC LENSES | | | |
| Single Vision | \$0 copay | Up to \$25 | |
| Bifocal | \$0 copay | Up to \$40 | |
| Trifocal | \$0 copay | Up to \$55 | |
| Lenticular | \$0 copay | Up to \$55 | |
| Progressive - Standard | \$60 copay | Up to \$40 | |
| Progressive - Premium | \$60 copay, 30% off retail price less \$110 allowance | Up to \$40 | |

MONTHLY RATES

| Subscriber | \$5.10 |
|---------------------|------------------------------|
| Subscriber + 1 | \$9.69 |
| Subscriber + Family | \$14.22 |
| | Subscriber Subscriber + 1 |

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. The Plan reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866-939-3633. **PLAN DETAILS**

Quote for group sitused in the State of MI and will be valid until the 01/01/2023 implementation date. Date Quoted 08/04/2022. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Percentage discounts are not part of the insurance benefit. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-146, form number M-9191.

PLAN EXCLUSIONS/LIMITATIONS

No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state.

By signing below, the Group agrees to receive all documents and correspondence electronically and that the Group can access the internet or the email address provided. The Group understands that the Group may revoke this authorization or request specific paper documents without revoking this authorization by contacting EyeMed by mail, email, or telephone. If City of Ann Arbor has chosen this benefit design, attach this document to the group application and sign here

City of Ann Arbor Saving our members some extra green

We're committed to keeping money in our members' pockets. That's why we offer our members additional discounts above the proposed plan benefits.

| | ADDITIONAL DISCOUNTS | | | | |
|--|---|------------------------------------|--|--|--|
| \$avings for Members | VISION CARE SERVICES | IN-NETWORK MEMBER COST | | | |
| | | | | | |
| | DISCOUNTED EXAM SERVICES | | | | |
| 40% off additional pairs of glasses and a 15% | Retinal Imaging | Up to \$39 | | | |
| discount on conventional lenses once funded benefit is used – an industry exclusive | CONTACT LENS FIT AND FOLLOW-UP (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.) | | | | |
| 20% off | Fit and Follow-up - Standard Fit and Follow-up - Premium | Up to \$40 10% off retail price | | | |
| any item not covered by the plan, including non-prescription sunglasses | DISCOUNTED LENS OPTIONS | | | | |
| | Anti Reflective Coating - Standard | \$40 | | | |
| Lasik | Photochromic - Non-Glass | 30% off retail price | | | |
| Lasik or PRK from US Laser Network | Polycarbonate - Standard | \$35 | | | |
| 15% off retail price or 5% off | Scratch Coating - Standard Plastic | \$12 | | | |
| promotional price | Tint - Solid or Gradient | \$12 | | | |
| | UV Treatment | \$12 | | | |
| Hearing Care Through Amplifon Hearing Health Care Network, members receive up to 64% off hearing aids, an extended warranty, | OTHER ADD-ON SERVICES AND MATERIALS | 30% off retail price | | | |

DISCOUNT DETAILS

and free batteries

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.