

THE POOL

Transforming Your
Wellbeing Together

Administrative Professional

2026 Benefits Guide

November 2025



LAKE SUPERIOR
STATE UNIVERSITY



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This guide is informational. It outlines the 2026 plan design for AP employees. A more detailed Guide will be shared closer to Annual Open Enrollment.

This Information Guide extends the overview of plan updates shared during the September 26, 2025 Town Hall.

Watch your email for information about in-person info sessions, access to recorded sessions, workshops, and individual plan reviews.

This guide is informational and is not intended to be the official Benefits At A Glance description of program and plan details, which will be available closer to Annual Open Enrollment.

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Michigan Health Insurance



About Your Benefits

At Lake Superior State University (LSSU), we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your LSSU benefits. If you have any questions, feel free to reach out to Human Resources at 906-635-2213 or humanresources@lssu.edu.

Eligibility and Enrollment

You're eligible to participate in LSSU's benefits if you are a full-time employee working at least 30 hours per week. If you enroll in benefits, you may also cover your:

- Legal spouse / domestic partner
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to enroll.

Your benefits begin on the first day of the month following your hire date.

Making Changes to Your Benefits

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

Examples of qualifying life events include:

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

You have 30 days from the date of the event to make the change. Keep in mind, the change you make must be directly related to the qualifying event.



Common Health Insurance Terms



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

Deductible

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

Copay

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

Network

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

Coinsurance

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

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

Preventive Care

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

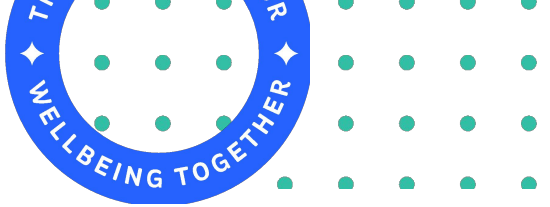
Out-of-Pocket Maximum

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

HSA

An HSA - Health Savings Account - is an employee owned tax advantaged account for covering healthcare costs.

Medical Coverage



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

	TRADITIONAL PPO-26 (172)	HD-17 PPO with HSA (108/109)
Deductible	\$500 / \$1,000	\$1,700 / \$3,400
Coinsurance <i>(Individual/family max)</i>	100% \$1,000 / \$2,000	100% \$1,000/\$2,000
Out-of-pocket Maximum <i>(Individual/family)</i>	\$3,000 / \$6,000	\$2,700 / \$5,400
Preventive Care	FREE	FREE
Office Visits Virtual Primary Care Specialist	\$20 copay \$20 copay \$40 copay	100% after deductible
Urgent Care	\$60 copay	100% after deductible
Emergency Room	\$150 copay; waived if admitted	100% after deductible
Chiropractic	\$20 copay limited to 12 visits per member per year	100% after deductible limited to 12 visits per member per year
PT/OT/Speech	Covered 100% after deductible limited to 30 combined visits per member per year	Covered 100% after deductible limited to 30 combined visits per member per year

Note: All plans provide the same access to medical care, though the rates, deductibles, copays, contributions, access to an HSA, and other factors differ.



Finding providers in-network

You'll save the most money when you choose in-network doctors, hospitals, and pharmacies.



Medical Coverage

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

	HD-30 PPO with HSA (183/184)	HD-63 PPO with HSA (157)
Deductible	\$3,000 / \$6,000	\$6,350 / \$12,700
Coinsurance (Individual/family max)	100% \$1,000 / \$2,000	100% N/A
Out-of-pocket Maximum (Individual/family)	\$4,000 / \$8,000	\$6,350 / \$12,700
Preventive Care	FREE	FREE
Office Visits Virtual Primary Care Specialist	100% after deductible	100% after deductible
Urgent Care	100% after deductible	100% after deductible
Emergency Room	100% after deductible	100% after deductible
Chiropractic	100% after deductible limited to 12 visits per member per year	100% after deductible limited to 12 visits per member per year
PT/OT/Speech	Covered 100% after deductible limited to 30 combined visits per member per year	Covered 100% after deductible limited to 30 combined visits per member per year

Note: All plans provide the same access to medical care, though the rates, deductibles, copays, contributions, access to an HSA, and other factors differ.



Finding providers in-network

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Medical Coverage

How the Plans Work

The plans use the BCBSM network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different between the PPO and HD plans.

High Deductible Health Plan (HD)

With the HD, you pay the cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

Preferred Provider Organization (PPO)

The PPO plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.



	HD	PPO
Per-paycheck cost for coverage	Lower	Higher
Annual Deductible	Higher	Lower
Annual Out-of-Pocket Maximum	Higher	Lower
Using the Plan	Pay less with each paycheck and more when you need care.	Pay more with each paycheck and less when you need care.
Spending Account Options	Health Savings Account (HSA) Dependent Care FSA	Health Care FSA Dependent Care FSA

Prescription Drug Coverage

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

	TRADITIONAL PPO-26 (172)	HD-17 PPO HSA (108/109)	HD-30 PPO HSA (183/184)	HD-63 PPO HSA (157)
		All after deductible	All after deductible	All after deductible
Retail (30-day Supply)				
Generic	\$10 copay	\$10 copay	\$10 copay	100%
Preferred	20% (\$40 min - \$80 max)	\$40 copay	\$40 copay	100%
Non-preferred	20% (\$60 min - \$100 max)	\$80 copay	\$80 copay	100%
Specialty	20% (\$40 min - \$80 max)	\$40 copay	\$40 copay	100%
Mail order (90-day Supply)				
Generic				
Preferred	30 day supply costs 2x copay	30 day supply costs 2x copay	30 day supply costs 2x copay	30 day supply costs 2x copay
Non-preferred				
Specialty				

Generic Drugs

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

Preferred Drugs

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

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSM's mail-order pharmacy.

Note: The plan options use the BCBSM formulary. GLP-1 weight suppression drugs are not covered.

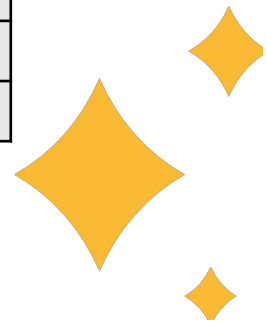
Dental / Vision



See the tables below for an overview.

DENTAL	
Class I Services	100%
Class II Services	80%
Class III Services	50%
Class IV Services	50% - \$1,500 Lifetime Max
Annual Maximum	\$1,000 Dental Max
Deductible	\$0 Deductible
Plan	BCBSM Dental

VISION	
Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 12 Months
Contacts	Every 12 Months
Copays	\$5.00 / \$7.50
Allowance	\$130 Allowance
Plan	Blue Heritage Vision



Spending Accounts

Paying for Health Care

LSSU offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)
What medical plan can I choose?	HD Plan	PPO plan
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
When can I use the funds?	Funds front loaded based on Open Enrollment or qualifying event.*	Funds are available* based on your Open Enrollment election and have a use or lose condition.
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave LSSU or retire).	No, you will lose any funds remaining in your account at the end of the year.
How do I pay for eligible expenses?	With your HSA debit card (you can also submit claims for reimbursement).	With your FSA debit card (you can also submit claims for reimbursement).
How much can I contribute each year?	\$4,400 for individual coverage or \$8,750 for family coverage (this total includes LSSU funding) in 2026.	\$3,400 for an individual in 2026, with a \$680 carryover..
Can I change my contributions throughout the year?*	Yes, you can change your contributions at any time. Elections made during Open Enrollment that are front loaded cannot be reversed.	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year.

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.

*Front loaded funds for HD enrollees in 2026 are based on Open Enrollment elections; mid-year additional employee contributions require additional pay period deductions. University match contributions are based on Open Enrollment elections.

*FSA account balances are by design available at the start of the year. Funds are contingent on a “use it or lose it” provision.



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Michigan Health Insurance

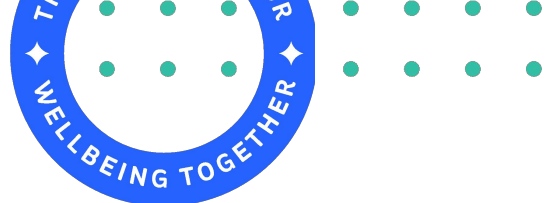
What are the tax implications of an HSA?
Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred, if invested, until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or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

Flexible Spending Account (FSA)

Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses. Access to the Dependent Care FSA is not connected to your medical plan choice.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time.
Who is eligible to enroll?	All employees are eligible to enroll.
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses.
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents).
When can I use the funds?	Funds are fully available based on your Open Enrollment election.
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year.
How do I pay for eligible expenses?	With your BASIC debit card (you can also submit online claims for reimbursement).
How much can I contribute each year?	Up to \$7,500 in 2026; prorated based on enrollment date.



Health Savings Account (HSA)

Health Savings Account

Paired with High Deductible Health Plan

Funds can be used for any qualified healthcare expense

Including dental and vision

Funds stay in account until spent

Even into retirement

Election amount can be changed at any time

Functionality

The funds are owned and controlled by you; just like a checking or savings account

You get a debit card to use for qualified health expenses

Your balance carries forward every year

It remains your account even when you leave or retire from LSSU

Tax Advantages

HSAs give you a triple tax advantage.

1. Contributions are pre-tax.
1. Distributions to medical expenses are tax free.
1. Grows tax free, if invested.

Note: If you are enrolled in Medicare you are not eligible to participate in an HSA plan.

HealthEquity HSA

Accessing your HSA information

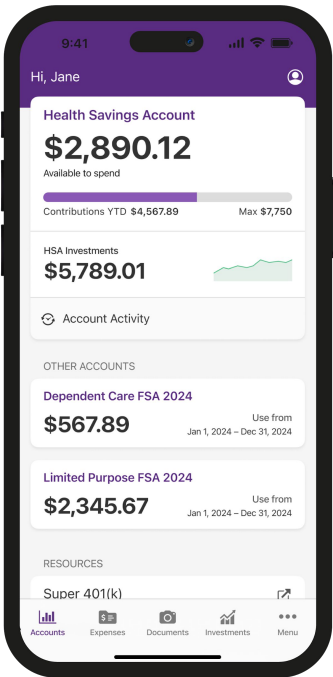
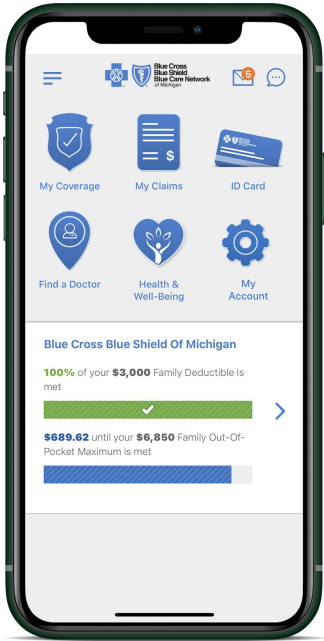
You can see your HealthEquity HSA account information through your BCBSM member account, the HealthEquity portal, or both.

BCBSM

Member account and app

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

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



HealthEquity

Member account and app

Register your account directly through HealthEquity to get more information.

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

The Pool Benefits

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

Diabetes Support and Prevention



Diabetes Prevention

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



Diabetes Management

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



Diabetes Reversal

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

Pool Benefits

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

Other Value Adds



Virtual Second Opinions

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



Muscle & Joint Pain Relief

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

Maternity & Postpartum Support

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



HD Plan Support

LSSU is providing support for those enrolled in the High Deductible Plans. This support is in the form of University base and matching contributions and additional Aflac coverage paid for by the University.

- LSSU will provide an HSA base contribution
- LSSU will provide an additional HSA contribution as a match to an employee contribution up to a specified maximum
- HSA funding front loaded (January 2026) or at the start of employment in 2026

(The amount of LSSU's contribution and match varies depending on the HD plan selected)

LSSU will provide all HSA qualifying enrolled employees with University provided Aflac for critical illness, hospitalization, and accident coverage for those enrolled in an HD plan.

Additional voluntary supplemental critical illness, hospitalization, and accident coverage is available to all employees

Annual Contributions	TRADITIONAL PPO-26	HD-17 PPO	HD-30 PPO	HD-63 PPO
University Base Contribution				
Single	N/A	\$250	\$350	\$400
2 Person / Family	N/A	\$450	\$550	\$600
Employee Voluntary Contribution*				
Single	N/A	\$250	\$350	\$400
2 Person / Family	N/A	\$450	\$550	\$600
University Match Contribution Limits**				
Single	N/A	\$250	\$350	\$400
2 Person / Family	N/A	\$450	\$550	\$600

*Shows the amount that will be matched. Employees can voluntarily contribute less or more up to the maximum allowable (\$4,400 single and \$8,750 two person/family, with an additional \$1,000 catch up age 55+.

**University Match Contributions are based on Employee Voluntary Contributions and do not exceed the specified contribution limit.

Note: If you are enrolled in Medicare you are not eligible to participate in an HSA plan.

Retirement Summary



Retirement Savings Plan

LSSU offers a 403(b) plan with an employer match and access to a variety of investment options through TIAA to help you prepare for retirement.

LSSU Base Contribution

LSSU will contribute 5% of your qualified pay each pay period to your 403(b) account.

LSSU Match

LSSU will contribute up to an additional 3% to match your contribution up to 3%.

Your Contributions

You can contribute to your retirement plan through pre-tax payroll deductions.

Waiting Periods & Vesting

You are eligible to contribute upon hire. The LSSU base contribution begins after 6 months of employment. The LSSU match begins after 1 year of employment. You are fully vested after 3 years of employment.

Length of Service	
Date of Hire	Employee Contribution
After 6 Months of Employment	LSSU Base Contribution
After 1 Year of Employment	LSSU Matching Contribution
After 3 Years of Employment	Fully Vested
AP Vesting	AP employees hired before October 1, 2025 are fully vested
October 1, 2025	Effective date of waiting periods for AP employees hired after Oct 1



Costs & Contributions

Below is an overview of your benefit coverage costs

Per-paycheck cost for Medical, Dental, and Vision coverage



Coverage Tier	TRADITIONAL PPO-26	HD-17 PPO	HD-30 PPO	HD-63 PPO	Dental/Vision
Employee only	\$80.86	\$70.53	\$43.07	\$36.99	\$3.18
Employee + 1	\$181.04	\$158.69	\$96.91	\$83.23	\$6.34
Family	\$226.41	\$197.49	\$120.6	\$103.57	\$10.99
Contribution %	20%	20%	15%	15%	20%

Per-paycheck HSA contributions

(Based on 24 pay periods)	TRADITIONAL PPO-26	HD-17 PPO	HD-30 PPO	HD-63 PPO
Employee Voluntary Contribution*				
Single	N/A	\$10.42	\$14.58	\$16.67
2 Person / Family	N/A	\$18.75	\$22.92	\$25.00

*Shows the amount that will be matched as a per pay period equivalent. When the match is elected during Open Enrollment the employee contribution and the University match will be "front loaded" at the start of the year. Employees can voluntarily contribute less or more up to the maximum allowable (\$4,400 single and \$8,750 two person/family, with an additional \$1,000 catch up age 55+).

Note: If you are enrolled in Medicare you are not eligible to participate in an HSA plan.

Opt Out

You may have other choices that better meet your needs. If you choose not to be covered by LSSU provided medical, dental, or vision as primary or secondary you are eligible for Opt Out payments.

You are eligible for Opt Out Payments when Medical, Dental, and Vision coverage is waived.

Employees waiving medical/dental/vision coverage are eligible for an opt-out.

Opt-out pays \$100 a pay period over 26 pay periods, not to exceed \$2,600 a year.

To be eligible, the employee must not be covered by an LSSU sponsored medical/dental/vision plan as primary, a dependent, or as a spouse/domestic partner on an LSSU sponsored.

Opt Out must be elected at the time of Open Enrollment, or as a choice related to a qualifying event.

University Opt Out payments are made on a per pay period basis so long as you are an active employee. There is no accrual, pay out, or future payments associated with ending employment with the University.



Thank you.

