Delta Dental of Michigan
Dental Benefit Highlights for
Physicians Health Plan
Plan AA

Delta Dental PPO™ (Point-of-Service) *Coverage effective **January 1, 2023***	**Delta Dental PPO Dentist**	**Delta Dental Premier® Dentist**	**Nonparticipating Dentist**
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	**100%**	**100%**	**100%**
Emergency Palliative Treatment - to temporarily relieve pain	**100%**	**100%**	**100%**
Brush Biopsy - to detect oral cancer	**100%**	**100%**	**100%**
Radiographs - X-rays	**100%**	**100%**	**100%**
Sealants - to prevent decay of permanent teeth	**0%**	**0%**	**0%**
Basic Services			
Minor Restorative Services - fillings and crown repair	**80%**	**80%**	**80%**
Endodontic Services - root canals	**80%**	**80%**	**80%**
Periodontic Services - to treat gum disease	**80%**	**80%**	**80%**
Oral Surgery Services - extractions and dental surgery	**80%**	**80%**	**80%**
Other Basic Services - misc. services	**80%**	**80%**	**80%**
Relines and Repairs - to bridges, implants, and dentures	**80%**	**80%**	**80%**
Major Services			
Major Restorative Services - crowns	**50%**	**50%**	**50%**
Prosthodontic Services - bridges, implants, and dentures	**50%**	**50%**	**50%**
Orthodontic Services			
Orthodontic Services - braces	**50%**	**50%**	**50%**
Orthodontic Age Limit -	**Up to age 19**		

** 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 or Delta Dental approves and you are responsible for that difference.*

Maximum Payment – $1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. $1,000 per person total per lifetime on Orthodontics.

Deductible – $50 Deductible per person total per calendar year limited to a maximum Deductible of $150 per family per calendar year on all services except Diagnostic and Preventive Services, Emergency Palliative Treatment, Brush Biopsy, X-rays and Orthodontic Services.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

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- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, *we pay more than 90% of claims in 10 days or less.* Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 (TTY users call 711) or look online at https://www.DeltaDentalMI.com.

Delta Dental of Michigan
Dental Benefit Highlights for
Physicians Health Plan
Plan BB

Delta Dental PPO™ (Point-of-Service) *Coverage effective **January 1, 2023***	**Delta Dental PPO Dentist**	**Delta Dental Premier® Dentist**	**Nonparticipating Dentist**
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	**100%**	**100%**	**100%**
Emergency Palliative Treatment - to temporarily relieve pain	**100%**	**100%**	**100%**
Brush Biopsy - to detect oral cancer	**100%**	**100%**	**100%**
Radiographs - X-rays	**100%**	**100%**	**100%**
Sealants - to prevent decay of permanent teeth	**0%**	**0%**	**0%**
Basic Services			
Minor Restorative Services - fillings and crown repair	**80%**	**80%**	**80%**
Endodontic Services - root canals	**80%**	**80%**	**80%**
Periodontic Services - to treat gum disease	**80%**	**80%**	**80%**
Oral Surgery Services - extractions and dental surgery	**80%**	**80%**	**80%**
Other Basic Services - misc. services	**80%**	**80%**	**80%**
Relines and Repairs - to bridges, implants, and dentures	**80%**	**80%**	**80%**
Major Services			
Major Restorative Services - crowns	**50%**	**50%**	**50%**
Prosthodontic Services - bridges, implants, and dentures	**50%**	**50%**	**50%**
Orthodontic Services			
Orthodontic Services - braces	**0%**	**0%**	**0%**
Orthodontic Age Limit -		**N/A**	

** 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 or Delta Dental approves and you are responsible for that difference.*

Maximum Payment – $1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services.

Deductible – $50 Deductible per person total per calendar year limited to a maximum Deductible of $150 per family per calendar year on all services except Diagnostic and Preventive Services, Emergency Palliative Treatment, Brush Biopsy, and X-rays.

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Delta Dental of Michigan
Dental Benefit Highlights for
Physicians Health Plan
Plan CC

Delta Dental PPO™ (Point-of-Service) *Coverage effective **January 1, 2023***	**Delta Dental PPO Dentist**	**Delta Dental Premier® Dentist**	**Nonparticipating Dentist**
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	**80%**	**50%**	**50%**
Emergency Palliative Treatment - to temporarily relieve pain	**80%**	**50%**	**50%**
Brush Biopsy - to detect oral cancer	**80%**	**50%**	**50%**
Radiographs - X-rays	**80%**	**50%**	**50%**
Sealants - to prevent decay of permanent teeth	**0%**	**0%**	**0%**
Basic Services			
Minor Restorative Services - fillings and crown repair	**50%**	**50%**	**50%**
Endodontic Services - root canals	**50%**	**50%**	**50%**
Periodontic Services - to treat gum disease	**50%**	**50%**	**50%**
Oral Surgery Services - extractions and dental surgery	**50%**	**50%**	**50%**
Other Basic Services - misc. services	**50%**	**50%**	**50%**
Relines and Repairs - to bridges, implants, and dentures	**50%**	**50%**	**50%**
Major Services			
Major Restorative Services - crowns	**50%**	**50%**	**50%**
Prosthodontic Services - bridges, implants, and dentures	**50%**	**50%**	**50%**
Orthodontic Services			
Orthodontic Services - braces	**0%**	**0%**	**0%**
Orthodontic Age Limit -		**N/A**	

** 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 or Delta Dental approves and you are responsible for that difference.*

Maximum Payment – $1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services.

Deductible – None.

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Delta Dental of Michigan
Dental Benefit Highlights for
Physicians Health Plan
Plan DD

Delta Dental PPO™ (Point-of-Service) *Coverage effective **January 1, 2023***	**Delta Dental PPO Dentist**	**Delta Dental Premier® Dentist**	**Nonparticipating Dentist**
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	**50%**	**50%**	**50%**
Emergency Palliative Treatment - to temporarily relieve pain	**50%**	**50%**	**50%**
Brush Biopsy - to detect oral cancer	**50%**	**50%**	**50%**
Radiographs - X-rays	**50%**	**50%**	**50%**
Sealants - to prevent decay of permanent teeth	**0%**	**0%**	**0%**
Basic Services			
Minor Restorative Services - fillings and crown repair	**50%**	**50%**	**50%**
Endodontic Services - root canals	**50%**	**50%**	**50%**
Periodontic Services - to treat gum disease	**50%**	**50%**	**50%**
Oral Surgery Services - extractions and dental surgery	**50%**	**50%**	**50%**
Other Basic Services - misc. services	**50%**	**50%**	**50%**
Relines and Repairs - to bridges, implants, and dentures	**50%**	**50%**	**50%**
Major Services			
Major Restorative Services - crowns	**50%**	**50%**	**50%**
Prosthodontic Services - bridges, implants, and dentures	**50%**	**50%**	**50%**
Orthodontic Services			
Orthodontic Services - braces	**0%**	**0%**	**0%**
Orthodontic Age Limit -		**N/A**	

** 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 or Delta Dental approves and you are responsible for that difference.*

Maximum Payment – $1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services.

Deductible – None.

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Questions?

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Delta Dental of Michigan
Dental Benefit Highlights
Low Pediatric Dental Plan

DELTA DENTAL®

2023 ESSENTIAL HEALTH BENEFITS (EHB) for individuals age 18 and under Delta Dental PPO (Point-of-Service)	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
Basic Services			
Minor Restorative Services – fillings and crown repair	50%	50%	50%
Oral Surgery Services – extractions and dental surgery	50%	50%	50%
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Relines and Repairs – prosthetic appliances	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%
Major Services			
Prosthodontic Services – bridges, dentures, and crowns over implants	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

**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 or Delta Dental approves and you are responsible for that difference.*

Note: *Composite resin restorations are optional on posterior teeth. An allowance will be made for an amalgam (silver) filling.*

In-Network Annual Out-of-Pocket Maximum – An Out-of-Pocket Maximum is the maximum amount that an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum for EHB Covered Services shall be $375 per Benefit Year if this Certificate covers one Eligible Person age 18 and under, or $750 per Benefit Year if this Certificate covers two or more Eligible Persons age 18 and under. Any Copayments, Deductibles, or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided shall count toward that In-Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; (iii) Out-of-Network Dentists; (iv) Copayments, Deductibles, or other out-of-pocket expenses for services other than EHB Covered Services; or (v) Copayments, Deductibles, or other out-of-pocket expenses for EHB Covered Services provided to individuals 19 years of age and older. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Annual Out-of-Pocket Maximum – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

Annual and Lifetime Maximum Payments –There are no annual or lifetime Maximum Payments for EHB Covered Services under this Certificate.

Deductibles for EHB Covered Services – The Deductible is $25 per Eligible Person per Benefit Year, limited to a maximum Deductible of $75 for all Eligible Persons covered by this Certificate per Benefit Year. The Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants.

Waiting Period for EHB Covered Services – There are no waiting periods for Eligible Persons age 18 and under seeking EHB Covered Services.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

Delta Dental of Michigan
Dental Benefits Highlights
High Pediatric Dental Plan

DELTA DENTAL®

2023 ESSENTIAL HEALTH BENEFITS (EHB) for individuals age 18 and under Delta Dental PPO (Point-of-Service)	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	60%	60%
Oral Surgery Services – extractions and dental surgery	80%	60%	60%
Endodontic Services – root canals	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Relines and Repairs – prosthetic appliances	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
Major Services			
Prosthodontic Services – bridges, dentures, and crowns over implants	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%

**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 or Delta Dental approves and you are responsible for that difference.*

Note: *Composite resin restorations are optional on posterior teeth. An allowance will be made for an amalgam (silver) filling.*

In-Network Annual Out-of-Pocket Maximum – An Out-of-Pocket Maximum is the maximum amount that an Eligible Person will pay for EHB Covered Services throughout a Benefit Year. The In-Network Annual Out-of-Pocket Maximum for EHB Covered Services shall be $375 per Benefit Year if this Certificate covers one Eligible Person age 18 and under, or $750 per Benefit Year if this Certificate covers two or more Eligible Persons age 18 and under. Any Copayments, Deductibles, or other out-of-pocket expenses paid by an Eligible Person for In-Network EHB Covered Services provided shall count toward that In-Network Annual Out-of-Pocket Maximum. The In-Network Annual Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; (iii) Out-of-Network Dentists; (iv) Copayments, Deductibles, or other out-of-pocket expenses for services other than EHB Covered Services; or (v) Copayments, Deductibles, or other out-of-pocket expenses paid for EHB Covered Services provided to individuals 19 years of age and older. Once the applicable In-Network Annual Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to an Eligible Person will be covered at 100% of the Maximum Approved Fee.

Out-of-Network Annual Out-of-Pocket Maximum – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. Eligible Persons will be responsible for all Copayments, Deductibles, and other out-of-pocket expenses associated with all Out-of-Network EHB Covered Services provided to Eligible Persons throughout the Benefit Year.

Annual and Lifetime Maximum Payments – There are no annual or lifetime Maximum Payments for EHB Covered Services under this Certificate.

Deductibles for EHB Covered Services – None.

Waiting Period for EHB Covered Services – There are no waiting periods for Eligible Persons age 18 and under seeking EHB Covered Services.

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2023 Michigan pediatric-only certified EHB plan designs

(for members age 18 and under)

Delta Dental PPO™ (Point-of-Service)

	Certified high plan (85% AV)		Certified low plan (70% AV)	
	Delta Dental PPO	Delta Dental Premier® or nonparticipating	Delta Dental PPO	Delta Dental Premier or nonparticipating
Diagnostic and preventive	100%	100%	100%	80%
Brush biopsy	100%	100%	100%	80%
Emergency palliative treatment	100%	100%	100%	80%
Radiographs	100%	100%	100%	80%
Sealants	100%	100%	100%	80%
Relines and repairs (prosthetic appliances)	80%	60%	50%	50%
Oral surgery	80%	60%	50%	50%
Minor restorative	80%	60%	50%	50%
Periodontics	80%	60%	50%	50%
Endodontics	80%	60%	50%	50%
Other basic	80%	60%	50%	50%
Major restorative	50%	50%	50%	50%
Prosthodontics (bridges, dentures, and crowns over implants)	50%	50%	50%	50%
Deductible (per person/family)*	None		$25/$75	
Plan maximum	N/A		N/A	
Maximum out of pocket (per person/family)	$375/$750		$375/$750	

* **Low Plan:** Deductible does not apply to exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy and sealants.

NOTE:

- Above plan designs are available to groups with 1–50 enrolled employees
- Participation requirements do not apply
- An individual will be considered age 18 and under until the end of the benefit year in which the individual attains the age of 19

Proposed monthly rates for plans with effective dates January 1–December 31, 2023

		Certified high plan (85% AV)		Certified low plan (70% AV)	
Area 1	(Monroe, Wayne)	1 member 2 members 3+ members	$33.15 $66.30 $99.45	1 member 2 members 3+ members	$28.24 $56.48 $84.72
Area 2	(Macomb, Oakland)	1 member 2 members 3+ members	$34.16 $68.32 $102.48	1 member 2 members 3+ members	$29.11 $58.22 $87.33
Area 3	(St. Clair)	1 member 2 members 3+ members	$35.40 $70.80 $106.20	1 member 2 members 3+ members	$30.16 $60.32 $90.48
Area 4	(Lenawee, Livingston, Washtenaw)	1 member 2 members 3+ members	$34.23 $68.46 $102.69	1 member 2 members 3+ members	$29.16 $58.32 $87.48
Area 5	(Genesee, Lapeer, Shiawassee)	1 member 2 members 3+ members	$35.98 $71.96 $107.94	1 member 2 members 3+ members	$30.65 $61.30 $91.95
Area 6	(Huron, Sanilac, Tuscola)	1 member 2 members 3+ members	$31.55 $63.10 $94.65	1 member 2 members 3+ members	$26.88 $53.76 $80.64
Area 7	(Clinton, Eaton, Hillsdale, Ingham, Jackson)	1 member 2 members 3+ members	$36.34 $72.68 $109.02	1 member 2 members 3+ members	$30.96 $61.92 $92.88
Area 8	(Arenac, Bay, Gratiot, Saginaw)	1 member 2 members 3+ members	$33.98 $67.96 $101.94	1 member 2 members 3+ members	$28.95 $57.90 $86.85
Area 9	(Berrien, Cass, St. Joseph, Van Buren)	1 member 2 members 3+ members	$31.14 $62.28 $93.42	1 member 2 members 3+ members	$26.53 $53.06 $79.59
Area 10	(Branch, Calhoun, Kalamazoo)	1 member 2 members 3+ members	$31.30 $62.60 $93.90	1 member 2 members 3+ members	$26.66 $53.32 $79.98
Area 11	(Allegan, Barry)	1 member 2 members 3+ members	$30.91 $61.82 $92.73	1 member 2 members 3+ members	$26.33 $52.66 $78.99
Area 12	(Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa)	1 member 2 members 3+ members	$33.68 $67.36 $101.04	1 member 2 members 3+ members	$28.70 $57.40 $86.10
Area 13	(Clare, Gladwin, Isabella, Midland)	1 member 2 members 3+ members	$31.04 $62.08 $93.12	1 member 2 members 3+ members	$26.44 $52.88 $79.32
Area 14	(Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Wexford)	1 member 2 members 3+ members	$35.32 $70.64 $105.96	1 member 2 members 3+ members	$30.09 $60.18 $90.27
Area 15	(Alcona, Alpena, Cheboygan, Chippewa, Crawford, Iosco, Mackinac, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon)	1 member 2 members 3+ members	$31.05 $62.10 $93.15	1 member 2 members 3+ members	$26.45 $52.90 $79.35
Area 16	(Alger, Baraga, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Ontonagon, Schoolcraft)	1 member 2 members 3+ members	$31.09 $62.18 $93.27	1 member 2 members 3+ members	$26.49 $52.98 $79.47

Rates do not include any applicable claims taxes.

Physicians Health Plan

2023 LifeBalance Financial Guide

What financial goals do you have for 2023? Whether you're looking to purchase a home, pay off a loan, or maximize your tax returns, LifeBalance has discounts that can help!

Login or create your free account today to view offers from the brands below and more at **PHP.LifeBalanceProgram.com**.

p: 888.754.5433 e: info@LifeBalanceProgram.com

Provident Funding® The Mortgage Price Leader

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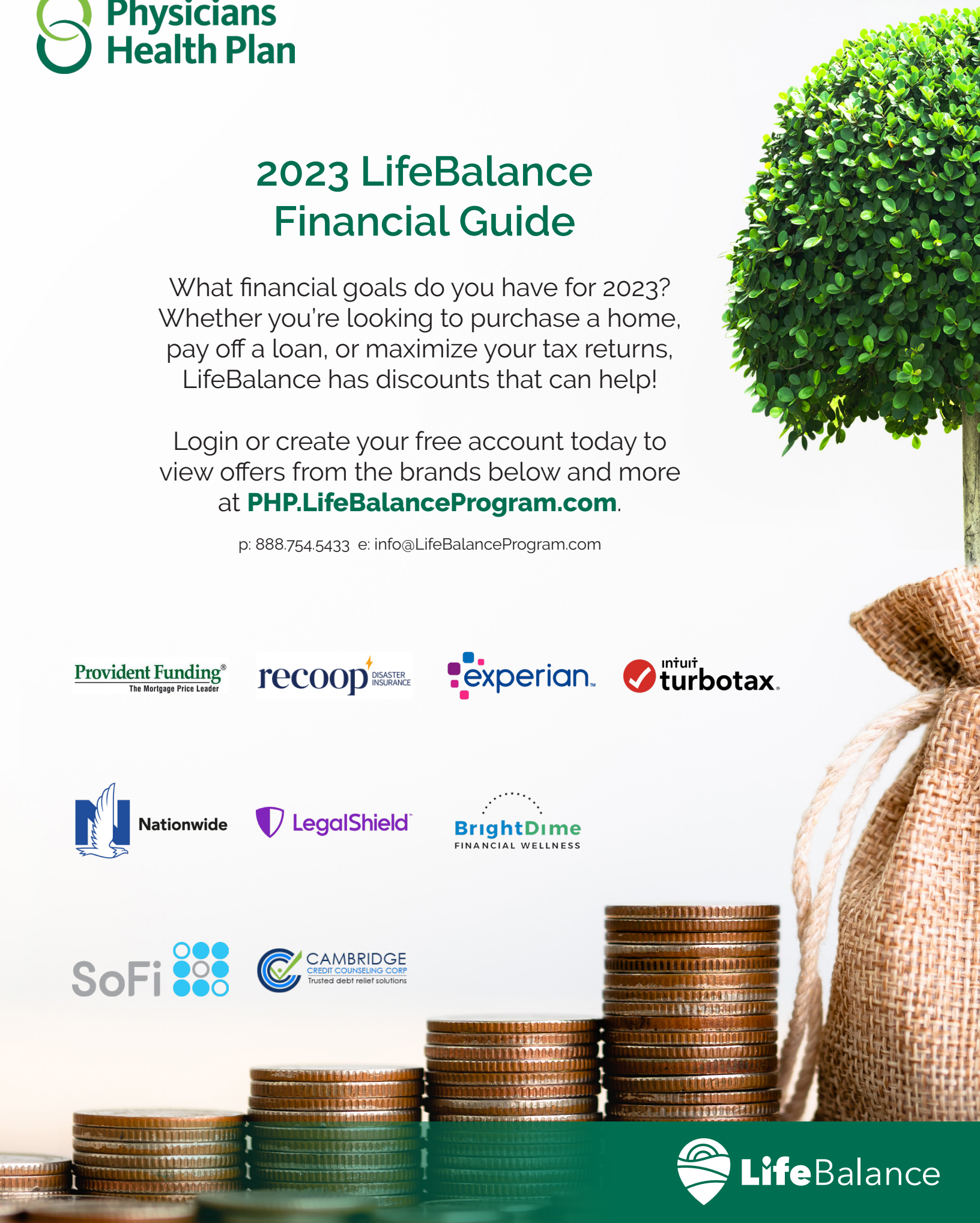
CAMBRIDGE CREDIT COUNSELING CORP Trusted debt relief solutions



LifeBalance

Physicians Health Plan

The LifeBalance 2023 Summer Savings Guide

Summer is almost here, and LifeBalance has great deals on family fun! Save on everything from attraction admission to outdoor gear to educational activities.

Visit **LifeBalanceProgram.com/SummerGuide23PHP** to explore our most popular summer savings!

Six Flags · Universal Orlando Resort · enterprise · Columbia · priceline

KiwiCo · Expedia · Disneyland · SeaWorld · Universal Studios Hollywood

Great Wolf Lodge · AMC Theatres · LEGOLAND · SEA LIFE Michigan · Jungle Joe's Family Fun Center

p: 888.754.5433
e: info@LifeBalanceProgram.com

LifeBalance

CVS caremark™
Mail Service Order Form

Mail this form to:

CVS Caremark
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:

Please use **blue or black ink** and **print in capital letters.** Fill in **both sides** of this form.

New Prescriptions – Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills – Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call the toll-free number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

○ **Use shipping address for this order only.**

City | State | ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

C **Tell us about the people ordering prescriptions.** If there are more than two people, please complete another form.

First person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

Second person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

D **Special instructions:** _____

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

○ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

○ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

○ Use your card on file.

○ Use a new card or update your card's expiration date.

CARD NUMBER _____ Exp. Date MMYY

Credit card holder signature/Date

○ **Check or money order.** Amount: $ ____ . __

- Make check or money order payable to CVS Caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for balance due and future orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

○ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

○ **2nd business day ($17)**

○ **Next business day ($23)**

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

(Charges subject to change)

Please fold here →

Please fold here →

Please fold here →

Please fold here →

DELTA DENTAL®

Delta Dental of Michigan

2023 Certified EHB Dental Benefit Plans

Physicians Health Plan

Delta Dental PPO™ (Point-of-Service)								
Please mark the Plan of your choice.	☐ **Plan AA including High Pediatric Dental Plan**				☐ **Plan BB including High Pediatric Dental Plan**			
	Non-EHB		**EHB (age 18 and under)**		**Non-EHB**		**EHB (age 18 and under)**	
The following benefits include the **Certified EHB Dental Benefits** covered by Delta Dental of Michigan.[1] **Effective 1/1/2023 – 12/31/2023**	Delta Dental PPO™	Delta Dental Premier®/ Nonparticipating	Delta Dental PPO™	Delta Dental Premier®/ Nonparticipating	Delta Dental PPO™	Delta Dental Premier®/ Nonparticipating	Delta Dental PPO™	Delta Dental Premier®/ Nonparticipating
Maximum Payment - per person per calendar year on Diagnostic & Preventive, Basic Services, and Major Services	$1,000		None		$1,000		None	
Deductible - per person/per family per calendar year on Basic Services and Major Services.	$50/$150		None		$50/$150		None	
Diagnostic & Preventive								
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%	100%	100%	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%	100%	100%	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%	100%	100%	100%	100%	100%
Radiographs – X-rays	100%	100%	100%	100%	100%	100%	100%	100%
Sealants – to prevent decay of permanent teeth	0%	0%	100%	100%	0%	0%	100%	100%
Basic Services								
Oral Surgery Services – extractions and dental surgery	80%	80%	80%	60%	80%	80%	80%	60%
Minor Restorative Services – fillings and crown repair	80%	80%	80%	60%	80%	80%	80%	60%
Periodontics – to treat gum disease	80%	80%	80%	60%	80%	80%	80%	60%
Endodontics – root canals	80%	80%	80%	60%	80%	80%	80%	60%
Relines and Repairs – prosthetic appliances	80%	80%	80%	60%	80%	80%	80%	60%
Other Basic Services – misc. services	80%	80%	80%	60%	80%	80%	80%	60%
Major Services								
Major Restorative Services – crowns	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics – bridges, dentures and crowns over implants	50%	50%	50%	50%	50%	50%	50%	50%
Implants – to replace missing teeth	50%	50%	0%	0%	50%	50%	0%	0%
Orthodontic Services								
Orthodontic Services - braces	50%		0%		0%		0%	
Orthodontic Age Limit	19		N/A		N/A		N/A	
Maximum Payment - per lifetime on Orthodontic Services	$1,000		N/A		N/A		N/A	
Rate (per subscriber per month)[2,3]								
Employee only	$37.69				$37.69			
Employee and one dependent	$70.28				$70.17			
Employee and two or more dependents	$130.21				$129.01			

Please note: Any Non-EHB covered services that are not covered in the pediatric plan (like orthodontia) will be covered for people age 18 and under, subject to the Non-EHB limitations and maximum payment provisions. For all EHB Covered Services provided by a Delta Dental PPO or Delta Dental Premier Dentist, the maximum out-of-pocket payments are $375 per calendar year for one person age 18 and under, or $750 per calendar year per family with two or more people age 18 and under.

[1] Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

[2] These rates are valid through December 31, 2023 for a one-year contract.

[3] Rates do not include any applicable claims taxes.

An individual will be considered age 18 and under until the end of the Benefit Year in which the individual attains the age of 19.

DELTA DENTAL®

Delta Dental of Michigan

2023 Certified EHB Dental Benefit Plans

Physicians Health Plan

Delta Dental PPO™ (Point-of-Service)								
Please mark the Plan of your choice.	☐ Plan CC including Low Pediatric Dental Plan				☐ Plan DD including Low Pediatric Dental Plan			
The following benefits include the **Certified EHB Dental Benefits** covered by Delta Dental of Michigan.[1]	Non-EHB		EHB (age 18 and under)		Non-EHB		EHB (age 18 and under)	
Effective 1/1/2023 – 12/31/2023	**Delta Dental PPO™**	**Delta Dental Premier®/ Nonparticipating**	**Delta Dental PPO™**	**Delta Dental Premier®/ Nonparticipating**	**Delta Dental PPO™**	**Delta Dental Premier®/ Nonparticipating**	**Delta Dental PPO™**	**Delta Dental Premier®/ Nonparticipating**
Maximum Payment - per person per calendar year on Diagnostic & Preventive, Basic Services, and Major Services	$1,000		None		$1,000		None	
Deductible - per person/per family - The Deductible does not apply to exams, cleanings, fluoride, space maintainers, brush biopsy, emergency palliative treatment, and sealants.	None		$25 / $75		None		$25 / $75	
Diagnostic & Preventive								
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	80%	50%	100%	80%	50%	50%	100%	80%
Brush Biopsy – to detect oral cancer	80%	50%	100%	80%	50%	50%	100%	80%
Emergency Palliative Treatment – to temporarily relieve pain	80%	50%	100%	80%	50%	50%	100%	80%
Radiographs – X-rays	80%	50%	100%	80%	50%	50%	100%	80%
Sealants – to prevent decay of permanent teeth	0%	0%	100%	80%	0%	0%	100%	80%
Basic Services								
Oral Surgery Services – extractions and dental surgery	50%	50%	50%	50%	50%	50%	50%	50%
Minor Restorative Services – fillings and crown repair	50%	50%	50%	50%	50%	50%	50%	50%
Periodontics – to treat gum disease	50%	50%	50%	50%	50%	50%	50%	50%
Endodontics – root canals	50%	50%	50%	50%	50%	50%	50%	50%
Relines and Repairs – prosthetic appliances	50%	50%	50%	50%	50%	50%	50%	50%
Other Basic Services – misc. services	50%	50%	50%	50%	50%	50%	50%	50%
Major Services								
Major Restorative Services – crowns	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics – bridges, dentures and crowns over implants	50%	50%	50%	50%	50%	50%	50%	50%
Implants – to replace missing teeth	50%	50%	0%	0%	50%	50%	0%	0%
Orthodontic Services								
Orthodontic Services - braces	0%		0%		0%		0%	
Orthodontic Age Limit	N/A		N/A		N/A		N/A	
Maximum Payment - per lifetime on Orthodontic Services	N/A		N/A		N/A		N/A	
Rate (per subscriber per month)[2,3]								
Employee only	$24.36				$18.19			
Employee and one dependent	$46.35				$35.65			
Employee and two or more dependents	$91.21				$78.10			

Please note: Any Non-EHB covered services that are not covered in the pediatric plan (like orthodontia) will be covered for people age 18 and under, subject to the Non-EHB limitations and maximum payment provisions. For all EHB Covered Services provided by a Delta Dental PPO or Delta Dental Premier Dentist, the maximum out-of-pocket payments are $375 per calendar year for one person age 18 and under, or $750 per calendar year per family with two or more people age 18 and under.

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[3] Rates do not include any applicable claims taxes.

An individual will be considered age 18 and under until the end of the Benefit Year in which the individual attains the age of 19.

PA 8/2022

Telehealth Services through Amwell®

Urgent Care, Therapy, and Psychiatry Services 24/7

Care From Anywhere

The doctor will see you now – using your phone, tablet, or computer!

PHP has partnered with Amwell® to provide access to board-certified doctors 24 hours a day – no appointment needed.

Just $5*

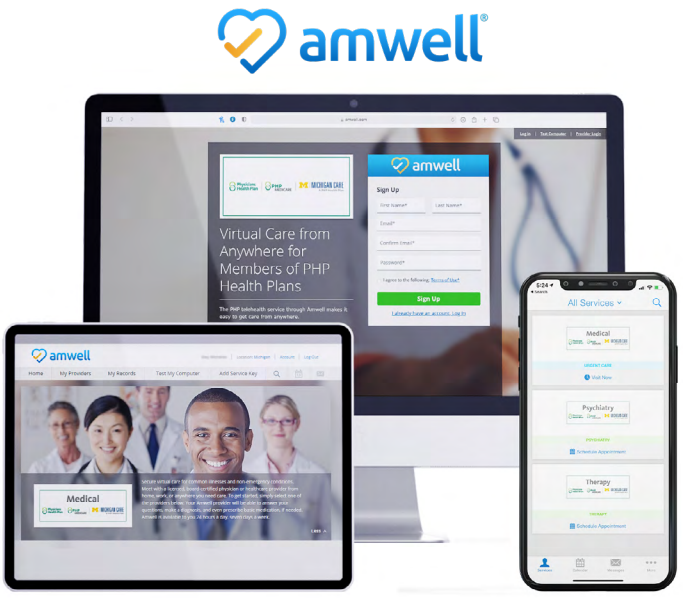
Enjoy convenient, flexible access to high-quality, low-cost telehealth services.

Get help with:

- » Allergies
- » Sinus infection
- » Migraine
- » Bronchitis
- » Stomach flu
- » Pneumonia
- » Pink eye
- » Vertigo
- » Flu
- » Gout
- » UTI
- » Rash

Behavioral Health**

- » Therapy: counseling for members 10 years of age and older
- » Psychiatry***: Assess and diagnose psychiatric disorders and prescribe medications



How to get started

First, go to **PHP.Amwell.com** and create an account. When asked, use **PHP** for the service key.

Then, visit the provider of your choice online, through the Amwell mobile app, or by calling **844.SEE.DOCS**.

Your Amwell provider can call in prescriptions*** to a local pharmacy of your choice. They may also refer you to other providers for care if they are unable to treat you with a telehealth visit.

If you are experiencing a physical or behavioral health emergency, call 911 or visit your nearest emergency department immediately.

**If your plan is an HSA/Qualified High Deductible Health Plan, the copay only applies once the deductible has been met, $64 payment for Urgent Care/ General Consult prior to deductible being met. Charges may be higher for services performed by specialists, including behavioral health specialists.*

***Office visit copay*

****Amwell doctors cannot prescribe controlled substances or lifestyle medications.*

Local. Personal. Flexible. **PHPMichigan.com** **517.364.8500**

Physicians Health Plan

[Form COMS] HSA-AMWE 22.01-11

Sparrow Be Well

Physician's Health Plan (PHP) provides access to an online health management platform – Sparrow Be Well – to PHP subscribers at no additional cost. This comprehensive wellness solution provides an array of interactive tools that delivers automation and management to engage members in their wellness.

Registration is easy and free. Members subscribed directly through PHP, can visit **SparrowBeWell.com**. Members who are subscribed through the Marketplace or a contract under somebody else's name (spouses, dependents, etc) will need to request access through the MyPHP Member Portal by visiting **PHPMichigan.com/MyPHP**, then selecting Sparrow Be Well Health Portal after login.

Sparrow Be Well is provided to all enrolled PHP members at no cost to the employer.

This includes:

- ACA Individual
- Large and Small group subscriber
- Large and Small group spouse & dependents of subscriber (18 years and older)
- Subscribers who are part of a self-funded group plan are not included

If employers are seeking a more robust and comprehensive worksite wellness program for their entire workforce population, Sparrow Be Well can provide a dedicated Sparrow Worksite Wellness Coordinator to provide consultation services which would include:

- Customized Incentive campaigns & organizational challenges
- Design of a yearly wellness calendar
- Full reporting suite
- Discounts on other wellness services including health screenings, onsite or virtual wellness seminars, and flu clinics

Key Features of Sparrow Be Well:

- Create an account from your mobile device
- Confidential wellness assessment with actionable steps to achieve health & wellness goals
- PHP sponsored corporate challenges and incentive programs
- Device syncing and connectivity
- Wellness advisor
- Event registration and management
- Virtual health education
- Virtual Cooking Demos

New employer groups who are interested in expanding the wellness solution to their entire organization should contact 517.364.8167 for a complimentary consultation and quote. Pricing varies based upon the number of employees per organization, with discounts applied to current PHP clients.

Physicians Health Plan

The Right Care

Right time, right place!

While your primary care physician (PCP) should be your first call for health questions or concerns, sometimes you need other options.

This guide provides an overview of sites of care and when to seek care at those locations.

	Care Locations and Benefits	Commonly Treated Health Issues	Learn More
Amwell Telehealth	» Available 24/7 » No appointment needed » Care available with board-certified doctors through the convenience of your computer, tablet, or smartphone	» Allergies » Sinus infection » Migraines » Bronchitis » Flu » Rash » Behavioral Health: Counseling and Psychiatry (appointment may be required)	**PHP.Amwell.com**
Sparrow Walk-In Care	» Fast and convenient » Sparrow Walk-In Care Lansing » Open weekends, evenings and holidays (closed every day from 2-2:30 pm and most major holidays) » Online scheduling	» Minor injuries and illnesses » Vaccines » Sports physicals » Infections » Common cold » Allergies	**SparrowCares.org**
Primary Care Provider	» Your PCP knows you best » May have extended hours » May have online scheduling	» Routine, illness/injury, follow-up care » Vaccines » Annual physicals	Provider directory available at **PHPMichigan.com**
Urgent Care	» Extended hours » May have online scheduling » No appointment needed » Convenient locations	» X-Rays » Stitches » Broken bones » Vomiting » Minor illness » Allergies	Find an urgent care in your area at **PHPMichigan.com**
Emergency Room	» For emergency situations » Open 24/7	» Trouble breathing » Chest pain » Head injury » Any time you believe your life or your health is in jeopardy	Call 911 or go to the nearest hospital

Please refer to the **PHP Certificate of Coverage** for a complete listing of covered services.

Local. Personal. Flexible. **517.364.8500** **PHPMichigan.com**

Physicians Health Plan

[Form COMS] RC 22.11-07

HealthyRoads® — a PHP Program for Tobacco and Vape Users Ready to Quit

Are You Ready to Quit Smoking?

PHP is ready to take that step with you. Whether you struggle with cigarettes, chewing tobacco, or vaping, we are here to help. Through HealthyRoads®, our tobacco cessation program, you will gain the tools, support, and motivation to end your tobacco habit.

A key part of the program is a HealthyRoads Coach to guide you through the program. Working with your personal coach, you will be better equipped to identify triggers and find new strategies to deal with them, create a plan for success while coping with your cravings, and maybe even develop a new self-image.

Thousands of toxins are in tobacco and cigarette smoke are known to cause cancer, heart disease, chronic obstructive pulmonary disease (COPD, including emphysema and chronic bronchitis).

Are You Ready?

Ask Yourself These Three Questions:

1. Do you have a strong reason to quit?
2. Have you thought about quitting tobacco for at least six months?
3. Are you willing to set a quit date?

If you answered "yes" to all of these questions, you are ready to get started. The PHP HealthyRoads tobacco cessation program will take you step by step through the process of quitting.

To get started, call HealthyRoads at **877.330.2746**, 9 a.m. to 8 p.m. Monday - Friday. Or, enroll online at **HealthyRoads.com**

Physicians Health Plan

Healthyroads®

Benefits of Quitting Smoking

It can be motivating to think about the positive things that will happen when you quit. Take a look at how your health improves over time:

- **Day 1** — Risk of heart attack begins to decrease
- **Day 2** — Sense of smell and taste begin to improve
- **Day 3** — Nicotine in the body has depleted
- **Month 1** — The body's overall energy level goes up and lung function improves - Coughing, shortness of breath, and sinus congestion all decrease
- **Month 9** — Lungs have significantly healed
- **Year 1** — Risk of stroke decreases
- **Year 5** — Risk of heart attack begins to decrease
- **Year 10** — Risk of lung cancer is reduced by half
- **Year 15** — The risk of heart disease returns to the level of someone who never smoked
- **Year 20** — The risk of death by smoking related causes is the equivalent of someone who never smoked

If you spend $7.50 a day on tobacco, you'll save more than $2,700 a year if you quit.

All current PHP members are eligible to enroll in our tobacco cessation program managed by HealthyRoads.