



Community Living Experiences, Inc.  
2025 BENEFITS GUIDE

# WELCOME TO COMMUNITY LIVING EXPERIENCES

## OPEN ENROLLMENT

Open enrollment for the medical, dental, vision and voluntary life, begins **Monday, November 18<sup>th</sup>** and ends **on Friday, November 29<sup>th</sup>**.

The effective date for all changes will be **January 1<sup>st</sup>, 2025**.

An outline of the medical plan is included in this booklet as well as the cost for the plan.

If you previously waived coverage and wish to enroll or if you wish to add dependents on your plan, you must let HR know,

## WHAT'S NEW

This year we are switching to **Anthem** for medical insurance. New Anthem ID cards will arrive on or around 1/1/2024.

If you need services or need to call Anthem customer service at 800-552-9159. Be sure to reference your group name and group number until you receive your new permanent ID card.

Your group number is L12651M001

## WHAT'S STAYING THE SAME

Dental and Vision will be staying with Beam. Life and Disability will be staying with The Standard.

## NEW HIRES

HR will make you aware of deadline dates for paperwork to be completed and returned in order to enroll.

## MAKING CHANGES DURING THE YEAR

Please remember that the only time enrollment changes can be made outside of open enrollment is in the case of a change of status event. Examples of qualifying events include but are not limited to: birth, adoption, death, and marriage. It is your responsibility to notify HR of a qualifying event. The appropriate paperwork must be submitted to the carrier within 30 days of the event.

### WHAT YOU NEED TO KNOW THIS OPEN ENROLLMENT

**Monday, November 18<sup>th</sup> and ends on Friday November 29<sup>th</sup>**

- 1. Medical coverage is moving to Anthem.**
- 2. Dental and Vision coverage will remain with Beam.**
- 3. Life and AD&D, Voluntary Life and AD&D, STD and LTD will remain with The Standard.**

Open enrollment election form and carrier applications must be turned in no later than:  
**Friday, November 29<sup>th</sup>**

For more information  
scan here



# QUALIFYING LIFE EVENTS

A QUALIFYING LIFE EVENT (QLE) ALLOWS YOU TO MAKE CHANGES TO YOUR HEALTH INSURANCE PLAN OUTSIDE OF THE REGULAR ENROLLMENT PERIOD. THIS MEANS YOU CAN ADJUST YOUR COVERAGE RIGHT AWAY TO FIT YOUR NEW LIFESTYLE INSTEAD OF WAITING UNTIL THE OPEN ENROLLMENT PERIOD. QUALIFYING LIFE EVENTS CAN INCLUDE:



 LOSS OF ESSENTIAL COVERAGE	 LOSS OF COBRA BENEFITS	 MARRIAGE
 BIRTH	 PERMANENT RELOCATION	 DIVORCE
 PREVIOUS POLICY HOLDER DIED	 ADOPTION	 NAMED LEGAL GUARDIAN
 GAINED NEW FOSTER CHILD	 CHANGE IN CITIZENSHIP	 NEWLY ELIGIBLE FOR GOVERNMENT ASSISTANCE



**REMEMBER, YOU ONLY HAVE A LIMITED AMOUNT OF TIME TO MAKE CHANGES, USUALLY ONLY 30 DAYS, SO IT'S IMPORTANT TO CONTACT YOUR HEALTH INSURANCE COMPANY IMMEDIATELY WHEN A QUALIFYING LIFE EVENT HAPPENS.**



05/25/2023

# PAYROLL CONTRIBUTIONS (26 Pay Periods)

COVERAGE	PAYROLL CONTRIBUTIONS	CARRIER INFORMATION
Medical - Anthem	\$55.19 Employee Only \$133.00 Employee/Spouse \$94.70 Employee/Child(ren) \$171.52 Family	<a href="http://www.anthem.com/contact-us">www.anthem.com/contact-us</a> 1-800-552-9159
Dental – Beam	\$14.56 Employee Only \$29.12 Employee/Spouse \$32.42 Employee/Child(ren) \$51.01 Family	<a href="https://beam.dental/">https://beam.dental/</a> 1-800-648-1179
Vision – Beam	\$3.13 Employee Only \$6.25 Employee/Spouse \$6.70 Employee/Child(ren) \$10.68 Family	<a href="https://beam.dental/">https://beam.dental/</a> 1-800-877-7195
Voluntary Life and AD&D	Rates are based on age and coverage amount.	<a href="http://www.standard.com">www.standard.com</a> 1-888-937-4783
Voluntary Accident	\$4.18 Employee Only \$6.82 Employee/Spouse \$7.81 Employee/Child(ren) \$12.29 Family	<a href="http://www.standard.com">www.standard.com</a> 1-888-937-4783
Voluntary Critical Illness	Rates are based on age and coverage amount.	<a href="http://www.standard.com">www.standard.com</a> 1-888-937-4783
Voluntary Hospital Indemnity	\$5.83 Employee Only \$9.99 Employee/Spouse \$8.19 Employee/Child(ren) \$14.62 Family	<a href="http://www.standard.com">www.standard.com</a> 1-888-937-4783

For more information  
scan here



# MEDICAL PLAN - PPO

	Plan Name: Blue Access 2025 PPO Option 27 Rx-T2 PrevRx
<b>Anthem Network</b>	
Deductible	\$2,500 Individual \$5,000 Family
Deductible Type	Embedded
Co-Insurance	You pay 20% After the Deductible
Out of Pocket (with deductible & Co-Pays)	\$7,000 Individual \$14,000 Family
<b>Physician Services</b>	
Office Visits to Non-Specialist	\$35 Co-Pay
Office Visits to Specialist	\$70 Co-Pay
Preventative Care for Chronic Conditions	Covered in full
Preventative/ Screenings/ Immunizations	Covered in full
Urgent Care Provider	\$75 Co-Pay
Emergency Room Co-Pay waived if admitted	\$400 Co-Pay, then Coinsurance
Non-Emergency Care in an Emergency Room	Not covered
<b>Pharmacy - Generic Drugs</b>	
Retail	Level 1 - T1: \$10 Co-Pay
90 Day Mail Order	\$20 Co-Pay
<b>Pharmacy - Preferred Brand Drugs</b>	
Retail	Level 1 – T2: \$40 Co-Pay
90 Day Mail Order	\$100 Co-Pay
<b>Pharmacy - Non-Preferred Brand Drugs</b>	
Retail	Level 1 - T1: \$70 Co-Pay
90 Day Mail Order	\$175 Co-Pay
<b>Pharmacy - Specialty Drugs</b>	
Preferred Specialty	Level 1 – T4: 25% up to \$350 Maximum
30 Day Mail Order	25% up to \$350 Maximum

Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.

For more information  
scan here





For over 20 years, employers have embraced ERChEalth as a true investment in the health, wellness, and productivity of their people and organization.

Today, with a new and advanced suite of personalized programs and employee options, ERChEalth continues its delivery of superior level access, service, and support.

We help simplify, and amplify, the benefits of health insurance, preventive care, and wellness to provide financial value and a positive member experience.

When you commit to making critical changes and improvements in your life, ERChEalth is there to reward you in the ways you want to be rewarded and your organization wins too.

## ERChEalth Service and Support

Making improvements to your health and wellbeing can be challenging. Connecting to your benefits and resources shouldn't be!

ERChEalth is committed to helping members connect with all of our enhanced program services. Questions about preventive care, rewards, and Sydney app can all be sent to Service and Support. Check back on July 1st for contact information for this new feature!



## Prevention Focused

A cornerstone of the ERChEalth program, enrolled employees and spouses are encouraged to invest in their health by choosing preventive exams or screenings that are meaningful to them each year.

Take a look at the next page for details on how you can get rewarded for these exams, screenings, and other wellness activities!

## Smart Rewards

**\$300 Max Per Enrolled Employee & Enrolled Spouse**

### Annual Well Exam or Annual Well Woman Exam

\$100 per plan year

Completing an annual well exam or well woman exam is an essential step in understanding your health and building an on ongoing relationship with your primary care physician.

### Preventive Cancer Screenings

\$50 per plan year

Get rewarded for completing one of the following preventive cancer screenings: mammogram, colorectal screening, prostate screening, and skin cancer screening.

### ConditionCare

\$100 per plan year

If you're dealing with a chronic condition like asthma or diabetes, you can get one-on-one help from a health care professional to help you manage your health and reach your goals.

### Steps Tracking

\$25 per month

Employees and spouses can earn up to \$25 per month for meeting a minimum of 240,000 steps. Keep track manually or by linking a wearable device or app.

### Building Healthy Families

\$75 per plan year

Work with a Family Care Coach who provides personalized support to help you navigate your family's unique journey.

### Health Assessment

\$50 per plan year

Receive a reward for completing your Health Assessment by answering questions about your overall health, medical history, diet, and exercise.

### Well-being Coach

\$100 per plan year

A live health coach motivates and supports you through making meaningful changes towards quitting smoking or weight management.

# PHARMACY

## HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol  
amlodipine/ benazepril  
atenolol  
atenolol/ chlorthalidone  
benazepril  
benazepril/ hctz  
betaxolol  
bisoprolol fumarate  
bisoprolol/ hctz  
captopril  
captopril/ hctz  
carvedilol  
enalapril  
enalapril/ hctz  
fosinopril  
fosinopril/ hctz  
labetalol  
lisinopril  
lisinopril/ hctz  
metoprolol succinate er  
metoprolol tartrate  
metoprolol/ hctz  
moexipril  
nadolol  
nebivolol  
perindopril  
pindolol  
propranolol  
propranolol er  
propranolol/ hctz  
quinapril  
quinapril/ hctz  
ramipril  
sorine  
sotalol  
sotalol af

## MENTAL HEALTH

citalopram  
escitalopram oxalate  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine  
paroxetine ER  
sertraline  
  
Trintellix

trandolapril  
trandolapril/ verapamil

## OSTEOPOROSIS

alendronate sodium  
amabelz  
calcitonin salmon  
Climara Pro  
Combipatch  
dotti  
estradiol  
estradiol/ norethindrone  
etidronate  
evamist  
Fosamax Plus D  
fyavolv  
ibandronate sodium  
jinteli  
lopreeza  
mimvey  
mimvey lo  
Premarin (oral)  
Premphase  
Prempro  
raloxifene  
risedronate  
risedronate DR

## ASTHMA

Advair Hfa  
Arnuity Ellipta  
Breo Ellipta  
budesonide suspension  
budesonide/ formoterol  
Flovent Diskus  
Flovent HFA  
fluticasone/ salmeterol  
inhalation powder

## HIGH CHOLESTEROL

amlodipine/  
atorvastatin  
atorvastatin  
ezetimibe/  
simvastatin  
fluvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

formoterol nebulization  
solution  
QVAR RediHaler  
Symbicort  
Trelegy Ellipta  
wixela inhub

## DIABETES

*Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips by Lifescan & Roche will be covered by this benefit.*  
acarbose  
alogliptin  
alogliptin/metformin  
alogliptin/pioglitazone  
Farxiga  
glimepiride  
glipizide  
glipizide er  
glipizide xl  
glipizide/ metformin  
glyburide  
glyburide micronized  
glyburide/ metformin  
Glyxambi  
Humalog  
Humalog Junior Kwikpen  
Humalog Kwikpen  
Humalog Mix 50/50  
Humalog Mix 50/50  
Kwikpen  
Humalog Mix 75/25

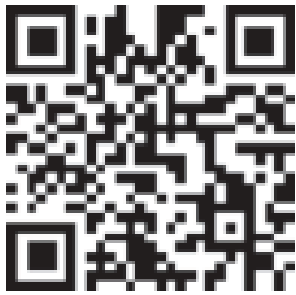
Humalog Mix 75/25  
Kwikpen  
Humulin 70/30  
Humulin 70/30 Kwikpen  
Humulin N  
Humulin N Kwikpen  
Humulin R  
Humulin R U-500  
Humulin R U-500 Kwikpen  
Insulin Lispro  
Insulin Lispro Junior Kwi  
Insulin Lispro Kwikpen  
Insulin Lispro Protamine  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Lantus  
Lantus Solostar  
Levemir  
Levemir Flextouch  
Lyumjev  
Lyumjev KwikPen  
metformin  
metformin er (generic for  
Glucophage XR)  
miglitol  
nateglinide  
Ozempic  
pioglitazone  
pioglitazone/ metformin  
pioglitazone/ glimepiride  
repaglinide  
repaglinide/ metformin  
Rybelsus  
Soliqua  
Symlinpen 120  
Symlinpen 60  
Synjardy  
Synjardy Xr  
tolbutamide  
Toujeo Max Solostar  
Toujeo Solostar  
Tresiba  
Tresiba Flextouch  
Trijardy XR  
Trulicity  
Victoza  
Xigduo XR  
Xultophy



## Anthem Sydney App

All of your ERChhealth and Anthem benefits in one place!

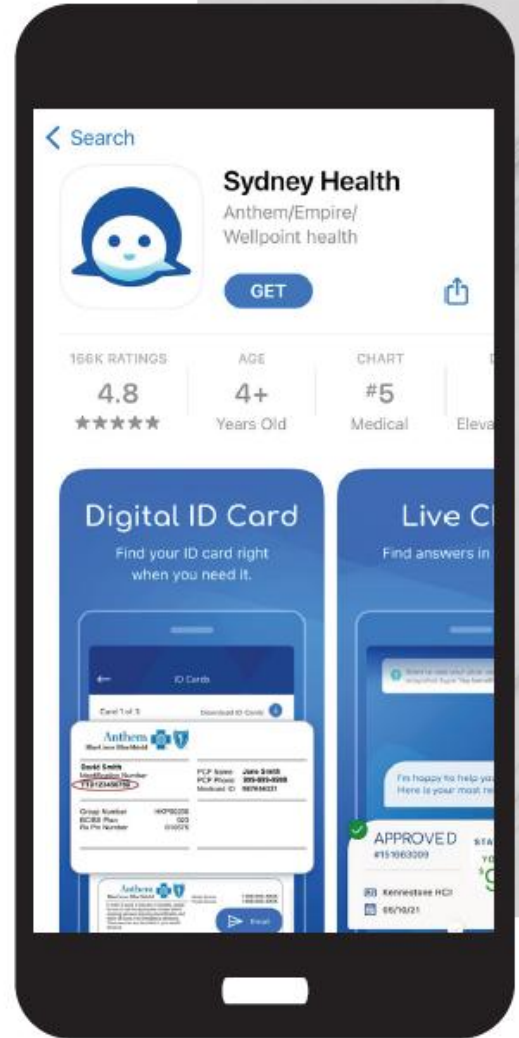
Instantly access your personalized technology through this central hub and view your Anthem benefit information, text a Health Guide, earn rewards, and much more.



Scan the QR code to download the free Sydney mobile app and Select Register

or

visit [Anthem.com/register](https://Anthem.com/register)



Anthem Health Guide helps you navigate the health care system by simplifying the health care experience and providing a seamless transition from service to care. They can assist with health insurance questions, discuss eligible programming, and assist with making member appointments.

Connect with a Health Guide by calling the Member Services number on the back of your Anthem ID, instant message via Anthem.com, or text via the Sydney app.

# DENTAL PLAN

## Beam Dental – In-Network Benefits

Plan Year	January 1 – December 31
Deductible	\$50 Individual \$150 Family
Preventive	Covered at 100%
Basic	Covered at 80%
Major	Covered at 50%
Annual Maximum per person	\$1,000 per calendar year



Dental Benefits



### Using your benefits

## What to know about Beam's dental network

Ready to visit the dentist but have questions about our network of dental providers? We're here to help!

#### Looking for an in-network dental provider?

We have over 400,000 access points<sup>f</sup> in our network. Find one quickly with these steps:

1. Visit [dentist.beam.dental](https://dentist.beam.dental).
2. Enter your zipcode and select the distance radius you desire. Pro tip: for a more advanced search, you can enter a specialty, your provider's name or a practice name.
3. Review the search results to select a provider.
4. Call and schedule your appointment.

#### What if your dentist has never heard of Beam?

Although Beam has grown quickly and has a large, nationwide network, this may happen from time to time. In this case, you can:

**Verify coverage by sending your digital insurance card to the provider via the Beam app.**

1. Click the "Insurance" tab and then click on your insurance card.
2. Click "Share dental card" then click on your insurance card.
3. Send your card via text, email, or another preferred communication method.

For more information on out-of-network coverage, check out these Beam blogs:

[MAC vs UCR](#) [blog.beam.dental](https://blog.beam.dental)

[Staying In-Network](#) [blog.beam.dental](https://blog.beam.dental)

Have the provider reach out to us.

Phone: (800) 648-1179

Email: [support@beam.dental](mailto:support@beam.dental)

Chat: [beam.dental](https://beam.dental)



For more information  
scan here →



# VISION PLAN

## Beam Vision VSP Enhanced Plan – In-Network Benefits

Plan Year	January 1 – December 31
Eye Exam	\$10 copay
Frames	Standard: \$120 Allowance; 20% off balance
Spectacle Lenses: Single/Bifocal/Trifocal	Single, Bifocal, & Trifocal: \$25 Copay Standard Progressive \$75 Copay
Contact Lenses	Elective: \$120 Allowance Non-Elective: \$25 Copay
Lasik	Voluntary
Frequency: Exam/Frames/Lenses	Exams & Lenses: 12 Months Frames: 24 Months

For more information  
scan here



# EMPLOYER PAID TERM LIFE AND AD&D

EMPLOYER PAID LIFE/AD&D	THE STANDARD
LIFE AND AD&D BENEFIT	\$15,000

Group life insurance is a single life insurance policy that covers a group of people, such as employees or members of an organization. The policy is owned by the employer, and the policy pays out a death benefit to the beneficiaries of the insured.

## Services to Help You Now

Visit the Life Services Toolkit website at [standard.com/mytoolkit](https://standard.com/mytoolkit) and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,<sup>1</sup> you may access the services for beneficiaries outlined on the next page.



## Services for Your Beneficiary

Life insurance beneficiaries<sup>2</sup> can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.  
  
Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.
- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.

For more information  
scan here





## EMPLOYEE PAID LIFE INSURANCE FOR NEW HIRES

Life and AD&D	Carrier
BENEFIT – Choose anywhere from 10K to 500K	\$10,000 TO \$500,000 Not to exceed 5X Annual Earning
INCREMENTS	\$10,000
GUARANTEE ISSUE	\$50,000 for employees

### VOLUNTARY TERM LIFE INSURANCE

You have the option to enroll in Voluntary Life Coverage. You choose the amount of coverage that's right for you based on the needs of your family and loved ones, and you keep coverage for a set period of time, or "term." The benefit can help replace your income in the event of death and help your family pay for basic living expenses, pay off debts like a mortgage, cover tuition for kids and more. AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays in the event of death from a covered accident. If you have previously enrolled in a minimum of \$10,000 for yourself and \$5,000 for your spouse, you can increase coverage at any future enrollment up to the guarantee issue maximum without under-writing questions.

## EMPLOYEE PAID LIFE INSURANCE FOR SPOUSE & CHILDREN

BENEFIT: Eligible employees can purchase additional Life/AD&D insurance coverage for themselves, their spouse, and dependent children. Dependent children covered through age 19 or up to age 26 if a full-time student.	Spouse: \$50,000 to \$100,000  Child: \$5,000 or \$10,000
Spouse payments are given out in \$5,000 increments	



#### Disclaimer

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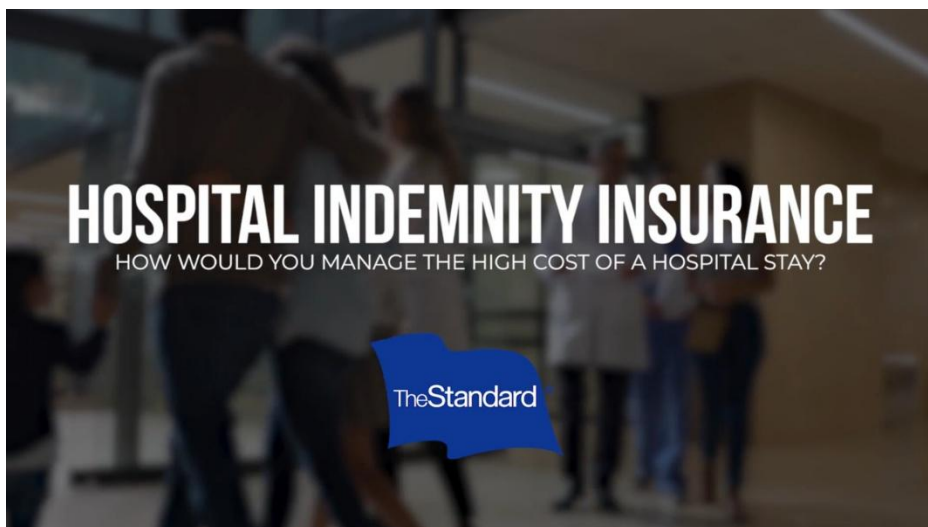
## Accident

After an accident, employees may need help with costs that medical insurance doesn't pay for such as utilities, rent, college and childcare. Accident insurance pays cash benefits to employees receiving treatment for injuries.



## Critical Illness

Employees can use the money for whatever they need during treatment or recovery. They can pay for medical expenses like copays and deductibles. They can also put the money toward living costs like utilities, groceries and childcare. The plan covers employees' children at no extra cost. There are no diagnosis waiting periods or lifetime benefit maximums.



## Hospital Indemnity

Being in the hospital may leave employees with expenses their medical plans don't cover. Hospital Indemnity insurance pays cash benefits to employees who've been hospitalized.

# ACCIDENT

Accidents hurt — but they don't have to damage your finances. You can plan to help cover the costs that health insurance doesn't, such as deductibles and copays.



This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.



## Here's how Accident insurance works:

### 1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

### 2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

### 3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

### Key benefits:

- Pays you directly — so you can spend the cash on whatever you choose
- Covers a wide range of treatments due to an accident, from minor to major — and pays extra benefits if kids are injured playing organized sports\*

Contact your human resources representative to learn how to apply for Accident insurance.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland OR 97204 | [standard.com](http://standard.com)

\* Youth Organized Sports benefit applies to covered children 18 years old or younger.

This is a limited benefit policy. This policy has exclusions, limitations and terms under which the policy may be continued in force or terminated.

For more information scan here →





# CRITICAL ILLNESS

## A Safety Net for Critical Illness Diagnoses



### Here's How it Works:



**Employees select their coverage levels.**

Benefits range from \$5,000 to \$50,000.



**If the employee, a covered spouse or dependent is diagnosed with a critical illness, The Standard pays a lump sum.**

Employees and covered family members may receive a payout for each covered critical illness diagnosis.



**Because employees are paid directly, there are no restrictions on how the payout can be spent.**

It can help pay for whatever employees or their families need — hospital confinements, rehabilitation, childcare, utilities, groceries, etc.



Policies pay a benefit regardless of other insurance coverage.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

For more information about Critical Illness insurance, contact your insurance advisor or the Employee Benefits Sales and Service Office for your area at 800.633.8575.

### Opt for Added Features and Benefits

- **Health Screening Maintenance:** Employees and covered family members will receive \$50, \$75 or \$100 payouts for proactively maintaining their health. This benefit provides annual payouts for covered wellness exam screenings, such as mammograms, lipid panels and colonoscopies.
- **Reoccurrence:** The diagnosis of a recurring illness is payable at 25 percent of the original benefit amount after a treatment-free period of 12 months.
- **Lodging and Transportation:** These two benefits provide additional payouts if a covered employee or family member needs treatment more than 100 miles from home and incurs expenses related to transportation and/or lodging.

Critical Illness insurance is just one in an array of flexible products and services offered by The Standard. Let's work together to design a competitive and cost-effective benefits package that helps you protect the financial health of your most valuable resource: your employees.

### Protection for Childhood Diseases Is Standard

- Critical Illness insurance from The Standard will cover your employees' children at no additional cost. Children are protected against all the conditions their parents are, plus 21 additional childhood diseases, including cerebral palsy, Down syndrome, spina bifida, cystic fibrosis and muscular dystrophy.

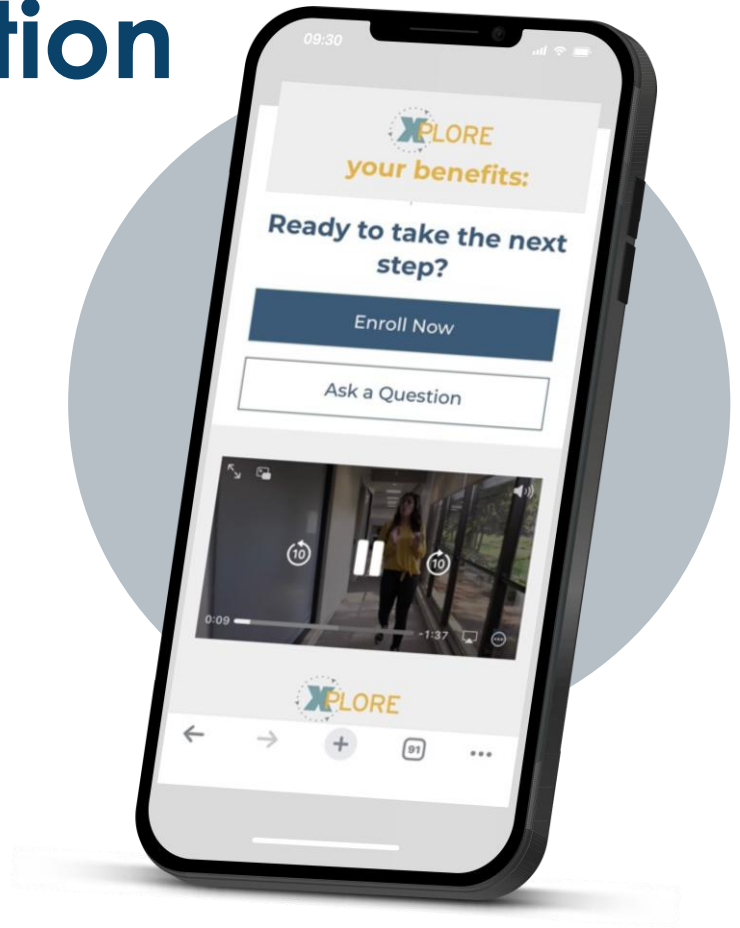
For more information  
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# Benefit Information on YOUR Time

- Benefit overviews
- Video tutorials
- Premium costs and important plan documents
- Tips & valuable hacks to get the most out of your plan
- Access MB Perks discount program
- Contact information for the MB Advocate Team



Other important information can go in this box, perhaps contact information for questions or important dates to keep in mind.

## McGOHAN BRABENDER **ADVOCATE TEAM**

### WHAT WE DO

- Research
- Problem Solve
- Communicate
- Educate

### HOW IT WORKS

If you've contacted your physician or carrier and weren't satisfied with the response, our MB Advocates are there to step in on your behalf.

#### Issues we can assist with:

- Claim Issues (Medical, Dental & Vision)
- Provider Billing Questions
- Coordination of Benefits
- Pre-authorization Help

### HELP US GET STARTED BY PROVIDING:

- Employer name
- Employee name
- Date of Birth
- Patient Name/Date of Birth
- Insurance Member ID or SSN
- Service Date
- Provider Name/Contact Information
- Summary of Issue
- For Prescription Issues, include medication name, dosage, quantity, pharmacy name/phone number, prescribing physician's name/phone number

### CONTACT US

Monday-Friday, 8 a.m. to 5 p.m. EST

p: 937.260.4300 or 877.635.5372

f: 937.499.1160

e: [mbadvocates@mbbenefits.com](mailto:mbadvocates@mbbenefits.com)



10/03/2023

# MEDICAL INSURANCE TERMS

UNDERSTANDING BENEFITS TERMINOLOGY CAN BE CHALLENGING. WHETHER YOU'RE NEW TO INSURANCE OR HAVE BEEN IN THE INDUSTRY FOR A WHILE, THIS GUIDE WILL HELP YOU BETTER UNDERSTAND THE TERMS AND CONCEPTS:

- 1. POLICY:** A policy is a legal contract between an insurance company and the policyholder. It outlines the terms and conditions of the insurance coverage, including what is covered and what is not covered.
- 2. PREMIUM:** The premium is the amount you pay the insurance company to maintain your policy. The employee usually pays a portion of the premium via payroll deductions, while the employer pays the rest. Keep in mind that policyholders must pay their monthly premiums regardless of whether they visit a doctor or use any healthcare service.
- 3. DEDUCTIBLE:** A deductible is an amount you must pay out of pocket before your insurance kicks in. For example, suppose you have a \$500 deductible, and you incur \$1200 in medical expenses. In that case, you'll be responsible for paying \$500, and the rest will run through your insurance plan, subject to copays and co-insurance.
- 4. CO-PAY:** A co-pay is a fixed amount you pay for a specific medical service, such as a doctor's visit. Your insurance company will typically cover the remaining cost.
- 5. CO-INSURANCE:** Co-insurance is the percentage of covered medical costs you are responsible for paying. For example, if you have 80/20 co-insurance, your insurance company will cover 80% of the cost, and you'll be responsible for the remaining 20%.
- 6. OUT-OF-POCKET MAXIMUM:** An out-of-pocket maximum is the most you'll have to pay for covered medical expenses in a given year. Once you reach the maximum, your insurance company will cover the remaining costs.
- 7. CLAIM:** A claim is a request for payment from your insurance company for a covered medical expense. These could be for things such as routine doctor's visits, emergency medical care, including sickness, injury, and mental health treatment, or bloodwork, x-rays, and other lab work.
- 8. IN-NETWORK/OUT-OF-NETWORK:** Most health plans provide access to a network of doctors, facilities, and pharmacies. To be considered in-network, these doctors and facilities must meet certain requirements and agree to accept a discounted rate for covered services under the health plan. If a doctor or facility has no contract with your health plan, they're considered out-of-network and can charge you the full price.





## Health Plan Decision Support

## HSA Savings Calculator

## Life Insurance Needs Calculator

## Disability Needs Calculator



Get started today and take control of your health and financial future with our easy-to-use decision support tools!

### Advantages

- Personalized Insights
- Informed Decisions
- Time-Saving
- Peace of Mind







## The right plan for where you are now. The right partner for where you want to go.

Everyday, we help people just like you by serving as a trusted resource for Medicare and individual health plans.

### Who We Are

RetireMed is your go-to resource for Medicare and individual health insurance plans. We provide personalized guidance and expertise to help individuals find the right health coverage so they can do more of what matters most to them.

### Who We Help

We work directly with individuals in Ohio, Kentucky, Indiana, and Florida who want to explore their health insurance options and find a plan that meets their unique needs and goals. This includes those who are:

- **Any Pre-65 Individuals** - needing family or individual health insurance plans.
- **Turning 65** - whether retiring or continuing to work and want to compare their employer coverage to Medicare.
- **Over 65** - whether retiring or continuing to work and want to compare their employer coverage to Medicare.
- **Already on Medicare** - looking to evaluate their plan options

We provide personalized guidance and expertise, all at no cost or obligation to you.

### How We Help

We empower individuals by providing them with clarity and confidence in their health coverage decisions now and in the road ahead. By understanding you first, we can monitor coverage options, premiums, and additional benefits to provide proactive services that ensures your Medicare or individual health plan meets your changing needs.

Our lasting and trusted partnerships with people is our difference. Your needs change, and we'll be there at every turn.

Our lifelong support includes:

- One-on-one education.
- Assistance with billing questions or issues.
- Confirming your prescription drug coverage.
- Confirmation of network status of specific physicians and specialists.
- Providing plan assessment if needed during Medicare's Annual Enrollment Period ...and more.

**866.600.4266 | [retiremed.com/mb](https://retiremed.com/mb)**

# MB PERKS



## Member Perks

Visit <https://mbperks.com>

SCAN FOR SAVINGS

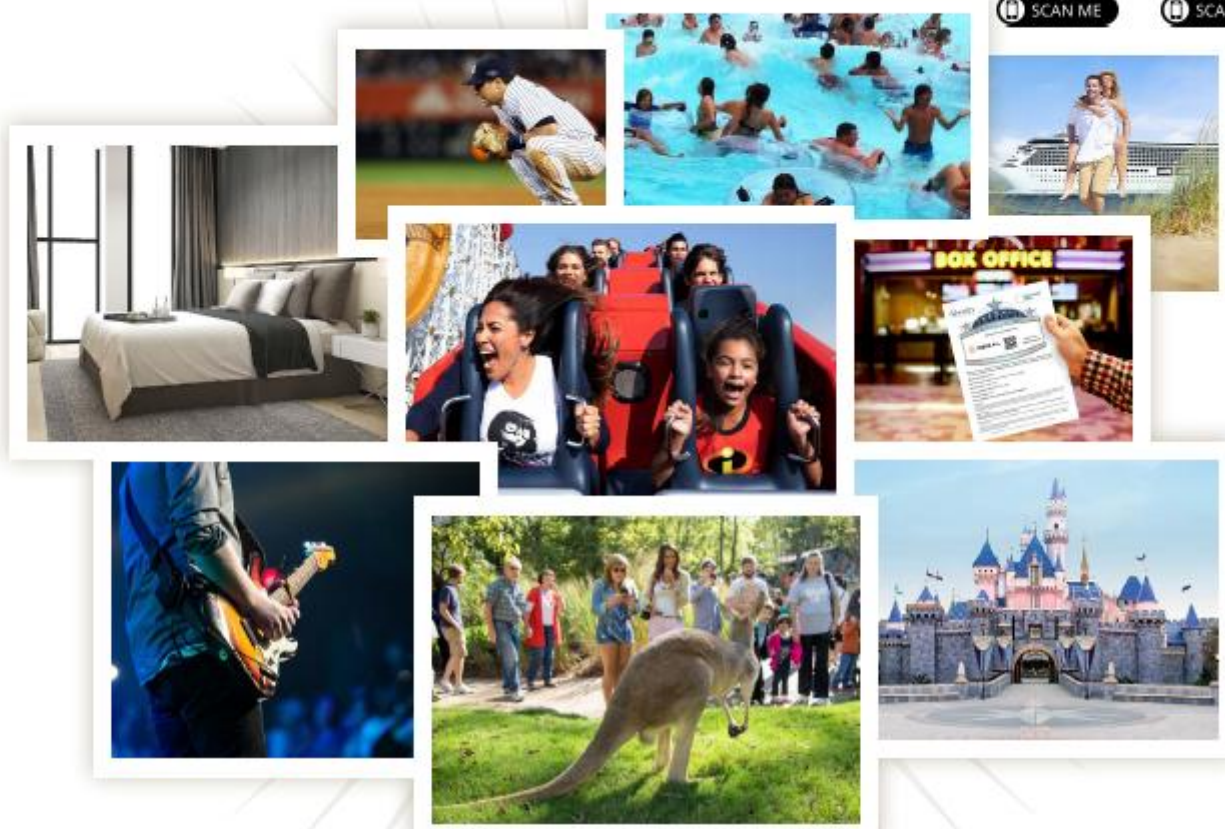


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### No Hidden Fees

We've cut out the middleman so members save more. Enjoy quick eTicket delivery and no hidden fees!



### Travel Savings

Enjoy up to 25% off your next car rental, and up to 60% off hotel bookings with wholesale rates you can't find online.

All discount offers are subject to change at any time without notice. Log in regularly to view the latest discounts available. Abenity, Inc. Copyright 2022.



### IMPORTANT NOTICES RELATING TO YOUR BENEFITS COVERAGE

#### **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mothers or newborns attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not more than 48 hours (or 96 hours).

#### **WOMENS HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

#### **HIPAA SPECIAL ENROLLMENT NOTICE**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance (SCHIP) program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

#### **MEDICAID AND THE CHILDRENS HEALTH INSURANCE PROGRAM (CHIP)**

If you or your dependent(s) are not currently enrolled in Medicaid or CHIP and you think your dependents might be eligible, you can contact the Ohio Medicaid or CHIP office or dial 1-877-KIDS-NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependent(s) are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit your dependent(s) to enroll in the plan if you and your dependents are eligible, but not already enrolled in the employer's plan. You have 60 days to request coverage after it is determined you are eligible for premium assistance.

**THE STATE BASED EXCHANGES** Under the PPACA a federally operated Exchange, or Marketplace, was established for individuals to purchase health insurance. Your company provides employee healthcare benefits that meet the minimum value and affordability standards of the PPACA. Therefore, if you are eligible for healthcare benefits, you will not qualify for federal subsidies or tax credits through Marketplace enrollment.

#### **UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT**

Your right to continue participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.



# Open Enrollment Timeline



**Open Enrollment Begins**



**Fill out Open Enrollment Forms**



**Double check to ensure your beneficiaries listed are up to date**



**Last day of Open Enrollment**



## Community Living Experiences Benefits Support Directory

Claim Issues, Billing Questions, Pre-Authorization Help	MB Advocates	877-635-5372
To Locate a Medical Provider	Anthem	844-912-0938
Anthem Precertification	Anthem	(877) 814-4803
Medicare Coverage	RetireMed	866-600-4266
Dental/Vision	Beam	Dental:1-800-648-1179 Vision: 1-800-877-7195
Life Insurance, Short-Term and Long-Term Disability	The Standard	1-888-937-4783