



# INTRODUCTION

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Welcome to the OwnerRez Benefit Program! We are committed to providing our employees with flexible, comprehensive benefits at an affordable cost. Our goal is to empower you with the resources and flexibility you need to enjoy success on the job and to live a healthy life.

This guide provides an overview of the benefits available to you and your family for the new plan year, which begins April 1<sup>st</sup>, 2024. We encourage you to take the time to explore and learn about your options so you can choose the coverage that's right for you and your family.

**If you have any questions about your benefits, eligibility, and/ or how to enroll, contact Victoria Rodney or Tonya Austin ([Tonya@benxconsulting.com](mailto:Tonya@benxconsulting.com))**

## **BENEFITS OVERVIEW**

- HEALTH BENEFITS



# MEDICAL BENEFITS

OwnerRez offers health insurance through Cigna.

For more information on coverage, limitations and exclusions, refer to the Carrier benefit summaries.

In-Network Medical Benefits	Cigna \$3,000 Deductible Medical Plan (Base Plan)
NETWORK	Cigna
ANNUAL DEDUCTIBLE	\$3,000 (employee) / \$6,000 (family)
ANNUAL MAXIMUM OUT OF POCKET	\$6,500 (employee) / \$13,000 (family)
PREVENTIVE CARE	\$0
PRIMARY CARE VISIT COPAY	\$25
URGENT CARE COPAY	\$75
SPECIALIST COPAY	\$50
OUTPATIENT COMPLEX IMAGING	Office: 30% AD / Freestanding: 30% AD / Hospital: 30% AD (AD-After Deductible)
ER COPAY	\$350
RX Retail	\$20/\$50/\$75
Per Paycheck Cost	Health Insurance
Employee Only	\$0
Employee + Spouse	\$0
Employee + Child(ren)	\$0
Family	\$0

\* This table is a high-level overview of your health insurance benefits. For a more detailed summary, see your plan's SBC (summary of benefits & coverage). Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

# MEDICAL BENEFITS

OwnerRez offers health insurance through Cigna.

For more information on coverage, limitations and exclusions, refer to the Carrier benefit summaries.

In-Network Medical Benefits	Cigna \$0 Deductible Medical Plan (Buy-Up Plan)
NETWORK	Cigna
ANNUAL DEDUCTIBLE	\$0
ANNUAL MAXIMUM OUT OF POCKET	\$4,500 (employee) / \$9,000 (family)
PREVENTIVE CARE	\$0
PRIMARY CARE VISIT COPAY	\$20
URGENT CARE COPAY	\$75
SPECIALIST COPAY	\$35
OUTPATIENT COMPLEX IMAGING	Office: 10% / Freestanding: 10% / Hospital: 30%
ER COPAY	\$350
RX Retail	\$20/\$50/\$75
Per Paycheck Cost	Health Insurance
Employee Only	\$35.58
Employee + Spouse	\$90.74
Employee + Child(ren)	\$69.39
Family	\$117.43

\* This table is a high-level overview of your health insurance benefits. For a more detailed summary, see your plan's SBC (summary of benefits & coverage). Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

# COMMON TERMS

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In this Benefits Guide, you may encounter several terms that are unfamiliar/not entirely clear to you. Feel free to revisit this page whenever necessary to clarify any commonly used benefits terminology you encounter.

- **PREMIUM**

A premium is the total cost for your medical insurance. You and your company share this cost. You pay your portion through payroll deductions.

- **DEDUCTIBLE**

A deductible is the amount you must pay before the medical plan begins sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

- **COPAY**

A **fixed amount** (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

- **COINSURANCE**

**Your share of the costs** of a covered health care service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.

- **OUT-OF-POCKET MAXIMUM**

The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay, including your deductible and copay, for eligible expenses during the year. Once you reach the out-of-pocket maximum, the plan pays 100% of the usual, customary and reasonable charges for covered services.

- **SUMMARY OF BENEFITS & COVERAGE (SBCs)**

Your employer is required to provide you with an easy-to-understand summary about the health plan benefits available to you, aka Summary of Benefits and Coverage (SBC).

- **IN-NETWORK/PROVIDER NETWORK**

Providers (doctors/hospitals) with whom the insurance company has an agreement. Coverage levels are higher at in-network providers.

# Reduce Medical & Pharmacy Costs (4 Tips)

## 1. Download Good Rx

Good RX is a free-to-use website & mobile app that provides prescription drug price comparisons and discount coupons to help consumers save money on their medication expenses. Always remember though, when you pay for a prescription using GoodRX, the money typically isn't applied to your deductible or max out of pocket (if you have health insurance).

## 2. Shop around before a Procedure

Different hospitals & facilities charge different prices for various medical procedures. By researching and comparing prices from different providers, you may be able to find more affordable options that still meet your medical needs. You should also consider factors such as the provider's reputation, the quality of care they offer, and the convenience of the location. Keep in mind that the most expensive provider typically isn't the highest quality.

## 3. Check the Cash Price

To many people's surprise, the cash price may be lower than the negotiated rate between your insurance company and the provider. Also, some healthcare providers offer discounts to patients who pay in cash, as it reduces their administrative burden and eliminates the need to file insurance claims. Always remember though, when you pay with cash, the money typically isn't applied to your deductible or max out of pocket (if you have health insurance).

## 4. Negotiate Medical Bills

According to Pat Palmer, CEO and founder of Medical Billing Advocates of America, his organization finds errors on three out of four medical bills they review. Healthcare providers and insurance companies are often willing to negotiate bills with patients, especially if the bill contains errors or the patient is experiencing financial hardship.



# Guide To Negotiating Medical Bills (5 Steps)

## 1. Get an itemized bill

Hospitals and other medical providers often give you a lump sum total on your medical bill. They don't break down the charges for each service. You'd never stand for that at the grocery store or when you get your cell phone bill. So, get the breakdown from the hospital or doctor who is billing you, or your insurance plan. Make sure the itemized bill includes the billing codes that document each charge. Realize it's within your HIPPA rights to obtain the itemized bill.

## 2. Check your itemized bill for errors

It's incredibly common for medical bills to contain mistakes. Often, they contain charges for services that were not provided - or they exaggerate the complexity of the care. Look up the billing codes on your itemized bill online and see if they accurately describe the services the patient received.

## 3. Make sure the prices are fair

Use the billing codes for each charge to check to see if you got a fair price. You can check prices on hospital websites or by calling other health care providers who offer the same services and asking for their prices. You can also go to [FairHealthConsumer.org](http://FairHealthConsumer.org) and put in the billing codes to check fair price estimates in your area.

## 4. Confirm that your insurance carrier properly adjudicated the bill

Insurance companies process millions of claims a day, often on antiquated IT systems. Mistakes are incredibly common. If you have insurance, make sure the plan processed the claims accurately.

## 5. Contest any inaccurate or unfair prices

If you see a mistake or overcharge on your bill, contest it to whoever is sending you the bill. Often these problems get corrected right away. But you may need to ask for a supervisor, and don't be surprised if they don't immediately correct the problem. If you're insured, you can also bring the problem to your insurance carrier, but they often take the side of the doctors and hospitals doing the billing, so don't be surprised if they don't help you. You may need to persist.

# ELIGIBILITY

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OwnerRez provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your person and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

**This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier of provider's contract**

**You may enroll for coverage if you are a regular full-time salaried or hourly employee.**

**You may also cover eligible dependents as follows:**

- Your spouse
- Your children up to age 26, including natural and adopted children, stepchildren who you support and who live with you in a parent-child relationship, and any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order
- Your child(ren) of any age who are incapable of self-sustaining employment by reason of mental or physical disability and supported primarily by you

## Making Changes During the Year

**The choices you make during enrollment will remain in effect for the entire year and cannot be changed unless you experience a qualifying life event. These include:**

- Marriage, divorce or legal separation
- Birth or adoption of a child, or placement for adoption
- Death of a covered dependent
- Change in your spouse's employment that affects your benefits
- Dependent's loss of eligibility due to age or student status change
- Gain/loss of group insurance coverage
- Medicare or State Assistance
- Family Medical Leave

To make changes during the plan year, notify Victoria and complete changes within 30 days of the qualifying life event. Otherwise, you must wait until the next Open Enrollment period.

**It is your responsibility to notify Human Resources within 30 days of any qualifying event.**

For more information about making changes during the year, contact Victoria or Tonya Austin.