

# 2024 Retiree Benefits Enrollment Guide



**ENNIS**  
TEXAS

*The bluebonnet spirit of Texas*

**Plan Year 2024**

# WELCOME TO YOUR 2024-2025 BENEFITS!

The City of Ennis offers you as a retiree and your eligible family members a comprehensive and valuable benefits program. This document is designed to assist you in making informed benefit decisions.

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Imagine360 Group Number: H870922 Phone: (800) 827-7223 Website: <a href="http://www.imagine360.com">www.imagine360.com</a>	
<b>Express Scripts</b> .....	<b>8</b>
RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4 Website: <a href="http://www.express-scripts.com">www.express-scripts.com</a> Patient customer service: 855-827-2615	
<b>UCM Digital Health</b> .....	<b>9</b>
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Renaissance Group Number: TBD Phone: (888) 358-9484 Website: <a href="http://www.renaissancebenefits.com">www.renaissancebenefits.com</a>	
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Renaissance Group Number: TBD Phone: (888) 359-9484 Website: <a href="http://www.renaissancebenefits.com">www.renaissancebenefits.com</a> Vision Network: VSP Website: <a href="http://www.vsp.com">www.vsp.com</a>	
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# Introduction

## When is my coverage effective?

Coverage is effective on the first of the month following date of retirement.

## When is my coverage terminated?

Coverage is terminated at the end of the month you turn 65.

## Who are my eligible dependents?

Eligible dependents include:

- Legal spouse
- Biological, adopted or stepchildren less than age 26
- Physically or mentally handicapped children (regardless of age)

## How do I enroll, cancel or make changes?

To enroll, cancel, or make changes you must complete and submit the following documents:

- Employee Benefits Enrollment / Change Form

## Can I change my coverage during the year?

The benefits you elect during open enrollment will remain in effect through the end of the plan year. Outside of open enrollment, you can only make a change to your coverage when you have a qualifying event.

### Qualifying Event changes include:

- Change to your legal marital status
- Birth, legal adoption or legal placement for adoption of a child
- Dependent child ceases to be an eligible dependent
- Death of spouse or dependent child
- Spouse or dependent child's loss of other coverage

Please note, you must notify Human Resources and submit required documentation within 31 days of the qualifying event.

# Retiree Monthly Contributions

## Retiree Monthly Contributions – Imagine360 Medical Effective 10/1/2024

Retiree Only	\$659.00
Retiree + Spouse	\$1,848.00
Retiree + Child(ren)	\$1,848.00
Retiree + Family	\$3,038.00

## Retiree Monthly Contributions – Renaissance Dental Effective 10/1/2024

Retiree Only	\$30.34
Retiree + Spouse	\$61.30
Retiree + Child(ren)	\$80.41
Retiree + Family	\$111.58

## Retiree Monthly Contributions – Renaissance Vision Effective 10/1/2024

Retiree Only	\$5.06
Retiree + Spouse	\$9.61
Retiree + Child(ren)	\$10.12
Retiree + Family	\$14.88



PLEASE CONTACT IMAGINE360 OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH FACILITIES/PHYSICIANS	ENNIS REGIONAL FACILITY/PHYSICIANS AND HEALTHSMART PPO PHYSICIANS	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS
<b>Lifetime Maximum</b>	Unlimited		
<b>Plan Year Deductible</b>			
- Per Covered Person	\$0	\$0	\$1,000
- Family Limit*	\$0	\$0	\$3,000
<b>Annual Out-of-Pocket Maximum</b> (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$1,500	\$3,000
- Family Limit*	\$3,750	\$3,750	\$7,500

**FACILITY BENEFITS – Payment Levels:**

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the **Preferred Provider Organization (PPO) network**.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH FACILITY BENEFIT	ENNIS REGIONAL FACILITY BENEFIT	NON IMAGINE/ ENNIS REGIONAL FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
<b>Inpatient Hospital Services</b>	90%	90%	70% after Deductible	UR Notification required.
<b>Maternity Inpatient Hospital Services</b>	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
<b>Routine Newborn Care Inpatient Hospital Services</b>	90%	90%	70% after Deductible	Payable under covered mother's claim.
<b>Skilled Nursing Facility/Rehabilitation Facility</b>	90%	90%	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
<b>Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse</b> Inpatient/Residential Treatment Facilities	90%	90%	70% after Deductible	UR Notification required.
<b>Hospital Emergency Room</b> - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$150 Copay; Deductible waived 80% after \$250 Copay; Deductible applies		70% after Deductible	Contact UR Company for coordination of care.
<b>Outpatient Surgical Facility</b>	90%	90%	70% after Deductible	UR Notification required.
<b>Outpatient Therapy/Other Services</b> Physical/Occupational Therapy/Speech Therapy  Cardiac Rehabilitation	90%	90%	70% after Deductible  70% after Deductible	Limited to 20 visits per therapy per Plan Year.
<b>Outpatient Diagnostic Services</b> Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90%	90%	70% after Deductible	
<b>All Other Diagnostic Lab/X-ray</b> (Facility only)	100%	100%	70% after Deductible	
<b>Preventive and Wellness Lab and X-ray</b>	100%		70% after Deductible	

**PHYSICIAN BENEFITS – Payment Levels and Limits:**

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available based upon the Provider’s participation in the PPO network.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT	NON-HEALTHSMART PPO BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
<b>Physician Hospital Visits/Surgeon/Anesthesia</b>	90%	90%	70% after Deductible	
<b>Physician Hospital Visit for Mental &amp; Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse</b>	90%	90%	70% after Deductible	
<b>Maternity</b> (Including Prenatal delivery and Postnatal care)	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
<b>Routine Newborn Care</b> (Pediatric care to date of mother’s discharge.)	90%	90%	70% after Deductible	
<b>Office Visit</b> (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
<b>Allergy Testing/Serum</b>	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
<b>Allergy Injections (without office visit billed)</b>	90%	90%	70%; Deductible waived	
<b>Mental/Nervous Disorders and Substance Abuse Office Visits</b>	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
<b>Urgent Care Facility Physician Medical Care</b> - Medical Emergency/Accidental Injury	100% after \$25 Copay	100% after \$25 Copay	100% after \$75 Copay Deductible waived	
- Illness not a Medical Emergency	100% after \$25 Copay	100% after \$25 Copay	100% after \$75 Copay Deductible applies	
<b>United Concierge Medicine</b>	N/A	\$0 Consult Fee		<b>Call 888-528-4655</b>
<b>Chiropractic Services</b>	100% after \$30 Copay	100% after \$30 Copay	70% after Deductible	
<b>Select Diagnostic Medical Procedures</b> CT Scans, MRIs, PET Scans, etc. (Physician’s Office or Freestanding Facility)	90%	90%	70% after Deductible	
<b>Diagnostic Lab/X-ray</b> (Freestanding Facility, Independent Lab)	100%	100%	70% after Deductible	

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT	NON-HEALTHSMART PPO BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
<b>Outpatient Therapy/Other Services</b> Physical/Occupational Therapy, Speech Therapy	100% after \$30 Copay	100% after \$30 Copay	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	90%	70% after Deductible	
<b>Home Health Services</b>	90%	90%	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
<b>Inpatient Hospice</b> (Home Hospice)	90%	90%	70% after Deductible	UR Notification required.
<b>Durable Medical Equipment</b>	90%	90%	70% after Deductible	UR Notification required.
<b>Prosthetic Devices and Orthotics</b>	90%	90%	70% after Deductible	
<b>Ambulance Services</b>	90%			Contact UR Company for Coordination of Care.
<b>All Other Provider Covered Physician Services</b>	90%	90%	70% after Deductible	

**Preventive and Wellness Care Benefits**

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	NON-PPO BENEFIT	LIMITS & PROVISIONS
All Covered Wellness Benefits	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 100%; Deductible waived	100%; Deductible waived	See age and frequency limits and other special provisions below

**Examples of Covered Wellness Procedures to include but are not limited to:**

- Routine Physical Exam
- Annual Well Woman Exam
- \*Annual Pap smear and other routine lab
- \*Annual Routine Mammogram
- \*Bone Density test
- Annual PSA test (routine)
- Well Baby Care Exam/Well Child Care Exam
- Vision Screenings (to age 19)
- Hearing Screenings for newborns
- Routine Immunizations
- Flu vaccine/pneumonia vaccine
- \*Routine lab, x-ray, diagnostic testing and other medical screenings
- Smoking/Tobacco Use Cessation (limited to 2 attempts + 4 counseling sessions per attempt)
- \*All FDA-approved Women’s Contraceptive methods/Sterilization procedures
- \*Routine Colonoscopy (includes polyp removal) – age 40 and older or family history of colon cancer

\* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

**NOTE:** This Summary of Benefits only represents an overview of your medical benefits and is subject to change.

## Express Scripts Registration

**Register now to experience the fast, easy way to manage your prescriptions and costs – anywhere, anytime**

- Check order status and track your prescriptions
- Refill and renew prescriptions for you and your family
- View claims history and pay balances
- Find potential lower-cost options using My Rx Choices®
- Receive safety alerts for possible medication interactions
- Contact a pharmacist anytime, day or night
- Locate an in-network retail pharmacy in your area
- Review your plan’s coverage guidelines
- And so much more!

### Get Started Today!

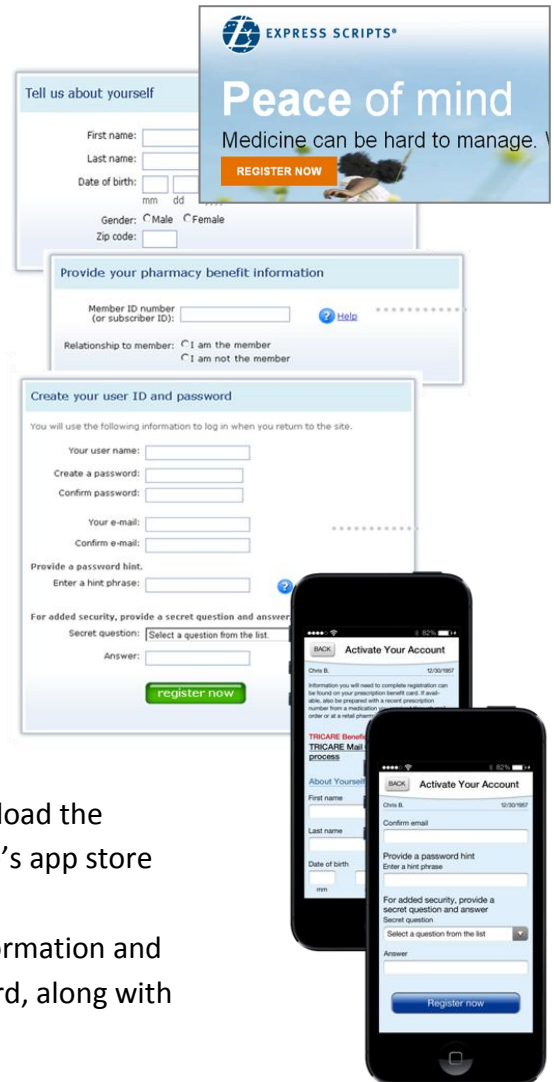
Registering is safe and simple. Your information is secure and confidential. Please have your member ID number available.

- Go to **Express-Scripts.com** and select **Register Now** or download the **Express Scripts Mobile App** for free from your mobile device’s app store and select **Register Now**
- Complete the information requested, including personal information and member ID number, and create your user name and password, along with security information in case you ever forget your password
- Click **Register now** and you’re registered
- On the final page, you can set preferences\* now, or later in **My Account** on Express-Scripts.com
- Click **Continue**

\* Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, Android™, Windows Phone® and Blackberry® mobile devices.





# YOUR 24/7 PERSONAL HEALTHCARE PROVIDER JUST GOT BETTER!

Register and get immediate access to 24/7 care in the palm of your hand.



**Announcing a new and improved app and online experience. Now, accessing healthcare in the way you want it when you want it just got easier**

**Update your "Sam by UCM Digital Health" mobile app or download it today!**

*Registration is new! Even if you are a returning user, you must click the "Create an account" button in the app to get started!*



# Manage Your Benefits



The miBenefits portal gives you 24/7 access to everything you need.

You can simply and easily:

- Track claims and deductibles for your entire family
- Find a provider
- View and manage all your benefits
- Message us anytime, anywhere

**Sign up now!**

Our simple registration process makes it easy to access all of your benefit plan details.

Create your account today at:  
**miBenefits.imagine360.com**

The Imagine360 miBenefits app is also available on:



Scan here to watch a short video that explains the miBenefits portal!

# Now is the time to do more with your benefits.

## Everything in one place

Easily access and manage all benefits, healthcare spending and claims for you and your family. You get all the information you need to make better healthcare decisions while taking full advantage of your benefit plan.

### The miBenefits portal is loaded with features:



#### Find Providers

Find the right provider for you or your family member, get help scheduling appointments, work with your wellness program, manage your prescriptions and more.



#### Prescription planner

Track when you need to order a prescription refill and then do it right online.



#### See all your benefits

Get the most out of your healthcare benefits by reviewing your company plan at a glance.



#### Claims monitoring

View the status of all claims, as well as the details around each.



#### Track your spending at a glance

Stay on top of your healthcare spending and see where you are in your deductible and out-of-pocket expenses.



#### Learn more about your benefits

Benefit plans can be hard to understand. The "Just For You" section has educational materials specific to you.



Scan here to watch a short video that explains the miBenefits portal!

Create your account today at:  
[miBenefits.imagine360.com](https://miBenefits.imagine360.com)

We're here for you with expert service and support.

Use the contact information on your **Benefits ID card** to get in touch with a member experience representative.





## Imagine Health | Dallas-Fort Worth

Enjoy direct access to high-quality healthcare where you live.

- **No Guesswork.** Choose to see a carefully selected Imagine Health provider and receive affordable, quality care.
- **No referrals.** You have the simplicity of direct access to quality hospitals and physicians in your area. It's that easy.
- **Walk-in Care.** You have access to all CVS MinuteClinic® locations nationwide, which provide a broad range of services to help keep you and your family healthy.
- **Lab Services.** Rely on Quest Diagnostics for all your lab-related diagnostic services.
- **Peace of mind.** When you use an Imagine Health provider, you won't be billed for more than your patient responsibility. It makes good sense.

Count on getting the most out of your plan when you see one of our partners in Dallas-Fort Worth.

**23** hospitals

**3,800+** providers

**80+** urgent cares

**30+** ambulatory surgical centers

For a current and complete list of Imagine providers in your area, visit [providers.imaginehealth.com](https://providers.imaginehealth.com).

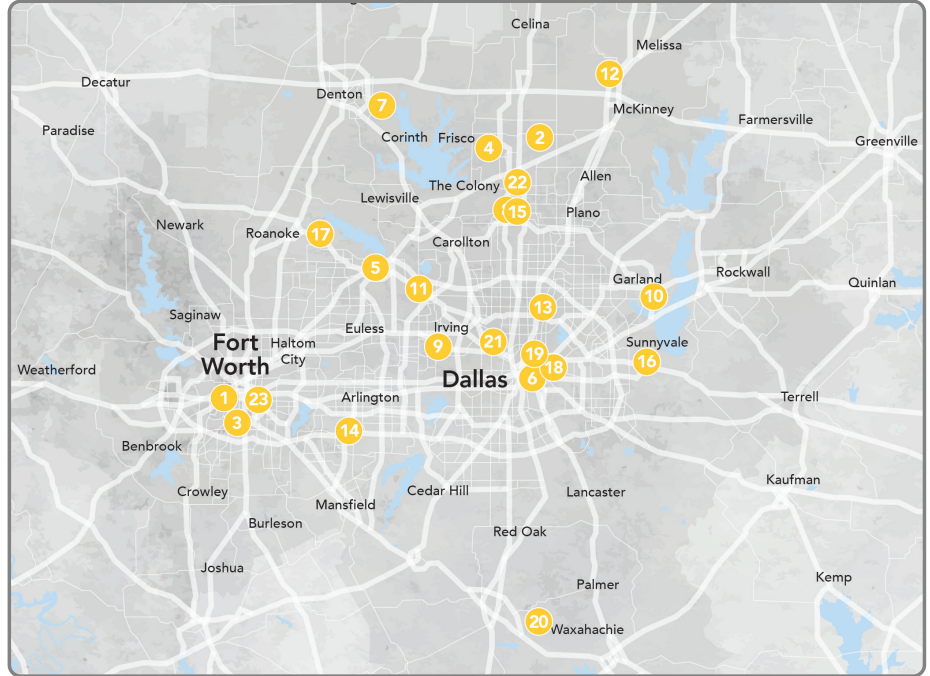
*imagine*  
HEALTH

# Now it's easier than ever before to get quality healthcare in Dallas-Fort Worth.

Provider Partners Include: Baylor Scott & White Health | Children's Health | Cook Children's Health Care System

## Hospitals

1. **All Saints & Andrews Women's**  
1400 8th Ave  
Fort Worth, TX 76104
2. **Baylor North TX - Centennial**  
12505 Lebanon Rd  
Frisco, TX 75035
3. **Baylor North TX - Fort Worth Surgical**  
1800 Park Place Ave  
Fort Worth, TX 76110
4. **Baylor North TX - Frisco**  
5601 Warren Pkwy  
Frisco, TX 75034
5. **Baylor North TX - Grapevine**  
1650 W College St  
Grapevine, TX 76051
6. **Baylor North TX - Hamilton Heart**  
621 N Hall St  
Dallas, TX 75226
7. **Baylor North TX - Heart Denton**  
2801 S Mayhill Rd  
Denton, TX 76208
8. **Baylor North TX - Heart Plano**  
1100 Allied Dr  
Plano, TX 75093
9. **Baylor North TX - Irving**  
1901 N Macarthur Blvd  
Irving, TX 75061
10. **Baylor North TX - Lake Pointe**  
6800 Scenic Dr  
Rowlett, TX 75088
11. **Baylor North TX - Las Colinas**  
400 W I-635  
Irving, TX 75063
12. **Baylor North TX - McKinney**  
5252 W University Dr  
McKinney, TX 75071
13. **Baylor North TX - N. Central Surgical**  
9301 N Central Expy  
Dallas, TX 75231
14. **Baylor North TX - Orthopedic & Spine**  
707 Highlander Blvd  
Arlington, TX 76015
15. **Baylor North TX - Plano**  
4700 Alliance Blvd  
Plano, TX 75093



NOTE: Members also have access to ambulatory surgical centers, urgent care centers and all CVS MinuteClinic® locations.

- |   |  |
|---|--|
| 16. <b>Baylor North TX - Sunnyvale</b><br>231 S Collins Rd<br>Sunnyvale, TX 75182         | 20. <b>Baylor North TX - Waxahachie</b><br>2400 N I-35E<br>Waxahachie, TX 75165            |
| 17. <b>Baylor North TX - Trophy Club</b><br>2850 E State Hwy 114<br>Trophy Club, TX 76262 | 21. <b>Childrens MC - Childrens Dallas</b><br>1935 Medical District Dr<br>Dallas, TX 75235 |
| 18. <b>Baylor North TX - University</b><br>3500 Gaston Ave<br>Dallas, TX 75246            | 22. <b>Childrens MC - Childrens Plano</b><br>7601 Preston Rd<br>Plano, TX 75024            |
| 19. <b>Baylor North TX - Uptown</b><br>2727 E Lemmon Ave<br>Dallas, TX 75204              | 23. <b>Cook Childrens - Fort Worth</b><br>801 7th Ave<br>Fort Worth, TX 76104              |

For a current and complete list of Imagine providers, visit [providers.imaginehealth.com](https://providers.imaginehealth.com).

Need to see a non-partner provider or have questions?  
Make the most out of your health plan, wherever you go for care.  
Call the member services number on your benefits ID card.



# Understanding Your Benefits ID Card



Your benefits ID card may look different from other cards you've had, but it has all the information you'll need about your plan.

**Your card includes the contact information for Imagine360, the main point of contact for your health plan. They handle it all!**

- ✓ Answer all your questions - just call the phone number on the card
- ✓ Help you choose the right healthcare provider
- ✓ Send you an Explanation of Benefits (EOB) that detail your plan coverage for each claim

**Your health plan includes Imagine Health, and the logo will appear on your benefits ID card. This means:**

- To find a participating Imagine Provider, **visit [providers.imaginehealth.com](https://providers.imaginehealth.com)**. When you visit an Imagine provider, you'll get quality care without having to worry about any charges beyond your plan's co-payment or co-insurance amount.
- Choose to visit a provider outside of Imagine Health, and you'll benefit from built-in price protection so you don't overpay.
- You can rely on Quest Diagnostics for all your lab-related diagnostic services. You also have access to all CVS MinuteClinic® locations nationwide.

**When you go to a provider for care, there are a few "rules of the road."**

- At check-in or registration, provide your benefits ID card.
- If the provider does not recognize the Imagine Health logo or indicates they don't accept your insurance, encourage them to call the provider phone number to verify your eligibility for benefits.
- At any time, if you are asked to pay up front, immediately call Imagine360 to speak to someone who will work through the issue right away.

***Have questions about your coverage? Call 800-827-7223.***

For a current and complete list of Imagine Providers, visit [providers.imaginehealth.com](https://providers.imaginehealth.com).

# UNDERSTANDING YOUR EOB

An EOB is provided for every claim to help you understand how your benefits will be applied to each claim. The following is an example of what is found on the EOB.

1. This is identifying information such as employee name, patient name, participant's ID number, etc.
2. This is the address to whom the EOB is being mailed. If it is the employee's address it will reflect the current information in our system. If it is incorrect, please notify our Imagine360 Member Services at 800-827-7223 or 972-238-7900 so we can update our records.
3. This is a brief description of the services rendered.
4. These are the dates the services were rendered.
5. This is the total amount of charges billed by your provider.
6. This box indicates any charges that are considered ineligible under your plan. This dollar amount may include services that are considered as ineligible amounts as a result of the Cost Plus audit program. (See box 13 for explanation of ineligible charges)
7. If any charges are ineligible, the charges are assigned an ineligible code (the number shown in this box). Any code shown will be explained in box 13.
8. If you have utilized a PPO provider for physician services, the number in this box will represent the discount amount your provider negotiated with your PPO network for this type of service. The discount amount is subtracted from the total charges submitted and you are not responsible for payment of this amount. If there is no amount listed in this box, there was no discount negotiated with the provider.
9. This box contains a dollar amount that reflects the applicable copay amount for the services rendered. This amount is subtracted from the total charges submitted and you are responsible for payment of this amount. Refer to your Summary Plan Description for applicable copay amounts.
10. Any charges that are applied to your deductible are shown in this box. Refer to your Summary Plan Description for any applicable deductible amounts.
11. The percentage your plan paid for eligible charges. This amount can vary depending on the type of service, deductible amounts, copay amounts and out-of-pocket maximums.
12. The benefit payable by your plan for these services.
13. Explanation of the codes used in box 7. This box can also be used to provide comments regarding your claim. Please read this section to see if you need to take any action.
14. This explains the total submitted charges, total benefits paid, total discounts and other insurance carrier payments.
15. This box includes a summary of ineligible charges, amounts applied to deductible, copays and coinsurance. Total due to provider is the amount you owe to this provider.
16. Year to date deductible amounts. This box provides the dollar amount that has been satisfied for the patient's deductible and the dollar amount satisfied for the family deductible for the calendar year.
17. Payee Information.

Imagine360  
PO BOX 749075  
DALLAS, TX 75374-9075

PLAN PART (972) 238-7900 (800) 827-7223  
PROVIDERS (972) 744-2486 (866)206-3224  
8:00AM-7:00PM CST MON-THURS  
8:00AM-5:00PM CST FRIDAY



Temp-Return Service Requested

000720-001081-000001-001081 2009660 3472CK02\_1

**JOE SMITH**  
1234 W ANY STREET  
ANY TOWN, US 12345-6789

**Group Voyagers, Inc.**

**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**

Group#: H8707123456789  
Date: 05/13/2016  
Employee: JOE SMITH  
Patient: MARY SMITH  
Document #: 16123456789  
Patient ID: NAHA1234  
EOB#: 2012345-939

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Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/16 02/17/16	52759.01	40305.75	1				80% 100%	3344.92 8272.11
<b>TOTAL: AMOUNTS</b>		52759.01	40305.75						11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.

**\*\*EXPLANATION OF CODE\*\***

1- 882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

**SUMMARY OF SUBMITTED CHARGES**

TOTAL SUBMITTED CHARGES	52759.01
TOTAL BENEFITS PAID	11617.03
TOTAL DISCOUNT	
OTHER INSURANCE CARRIER PAYMENT	

INELIGIBLE CHARGES	40305.75
DEDUCTIBLE	
CO-PAY	
PATIENT'S COINSURANCE	836.23
<b>TOTAL DUE TO PROVIDER</b>	<b>836.23</b>

**YEAR TO DATE ACCUMULATORS**

THE PATIENT'S 2016 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00 THE 2016 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

**PAYEE NAME: AMOUNT:**

COMMUNITY HOSPITAL \$11617.03



# Making Sure You Don't Overpay for Care

## Price Protection and Billing Support

While you focus on getting better, we focus on the bills. We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair.



### We help with bills from:

- ✓ Hospital Visits
- ✓ Emergency Rooms
- ✓ Outpatient Surgery
- ✓ Doctor Visits and Check-ups\*

\*Depending on your health plan benefits

We examine every bill line-by-line so you don't overpay for healthcare. Claims are reviewed to make sure they do not exceed your plan's allowable limits and that there are no errors. If there's an adjustment made to a provider reimbursement after the review, we will notify you. That's when you need to be on the lookout for a balance bill. If you receive one, send it to us right away.

### Only Pay What's Fair

Overinflated healthcare bills cause plans to raise rates and members to pay more. We're here to help eliminate this problem so everyone only pays what's fair.

#### We help:

- Limit healthcare charges to what's fair and reasonable
- Eliminate excessive charges
- Avoid overpayments for healthcare needs

GENERAL HOSPITAL

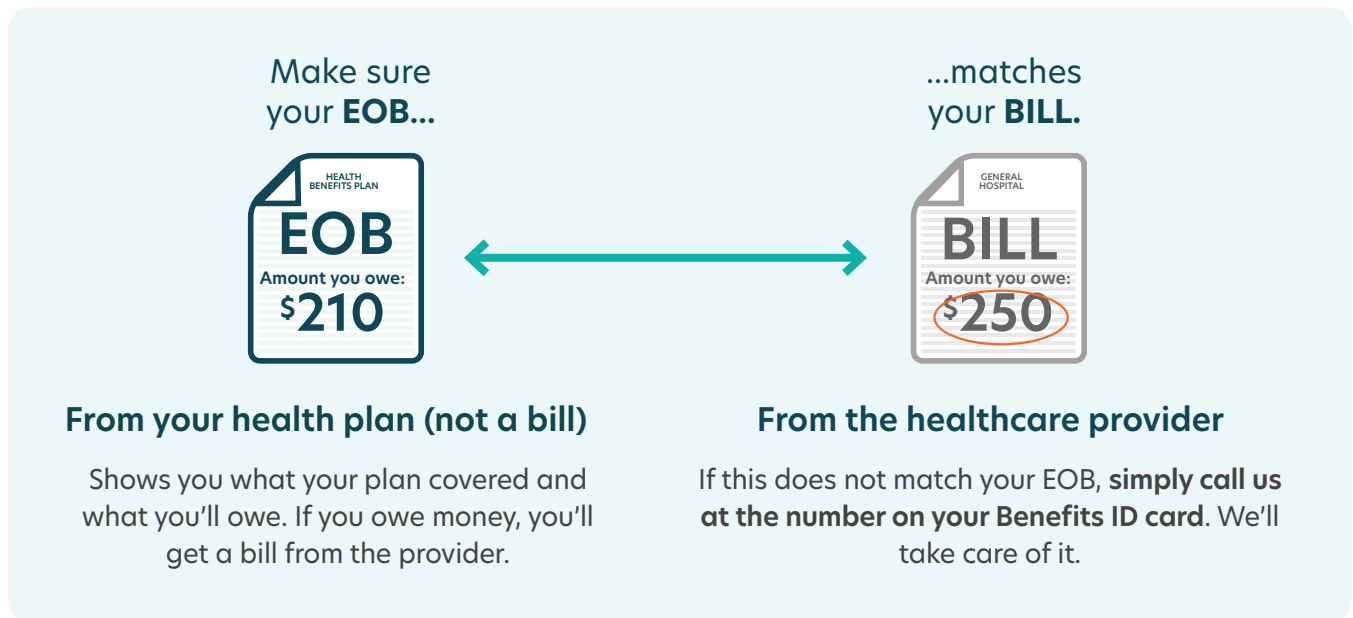
CT Scan	<del>\$2100</del>
	\$500
Therapy Eval	\$330
<del>Surgical Supp</del>	<del>\$312</del>

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## YOUR PART: Identify Balance Bills

After you receive medical care, we will review every provider bill to catch overcharging or billing errors. If we find any, the provider is notified and sent an adjusted payment. Most of the time, providers accept this payment amount.

We need you to compare the “amount you owe” on the EOB and the bill sent by the doctor or facility. If they don't match, this is a balance bill. We can help - just send it to us!



Here are three simple things that you need to do:

1. Compare bills from your provider to the EOB from your health plan.
2. Send the bill to us if they do not match, so we can work on your behalf.
  - **Email:** [bb@imagine360.com](mailto:bb@imagine360.com)
  - **Fax:** 888.560.2447
  - **Mail:** 1550 Liberty Ridge Drive, Wayne, PA, 19087
3. Watch your mail for any additional provider bills to send to us.

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## OUR PART: Advocate on Your Behalf

Most of the time, you'll never have a reason to contact us about a bill. But if you do, you can count on our dedicated team of advocacy experts, including legal support, if needed. Just call us at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST





# Welcome to Your Health Plan

We're here for you with 360° service & support.

### Benefits Information

Coverage explained clearly so you can make the most of your benefits



**Find a Provider**  
Assistance finding and comparing providers right for you



**Billing Support**  
Advocates to provide guidance and manage billing questions on your behalf



**Manage a Medical Condition**  
Clinical support from licensed professionals and counselors



**Price Protection**  
All claims reviewed for errors and overcharges to make sure you don't overpay

## Your Benefits ID Card

All the plan information you and your provider need.

- Take your card to every appointment.
- Ask your provider to call the number on the card if they have claims or coverage questions – we'll do the rest.
- Call the Member Services number on your card for benefits or billing questions.

Sample Company Name Logo	Sample Company Name
	Group: H88XXXX
Medical Plan Network Access:	Employee: JOHN SAMPLE
	ID: SMPL0001
Sample Network www.samplenetwork.com	Dependent: JANE SAMPLE
	Dependent: JIMMY SAMPLE
Member Services: For help finding providers, questions on claims, or information on your health plan:	
<ul style="list-style-type: none"> <li>• Email: <a href="mailto:myplan@imagine360.com">myplan@imagine360.com</a> or</li> <li>• Call (888) 123-1234</li> </ul>	

24/7 Online Plan Access: Register at [mibenefits.imagine360.com](http://mibenefits.imagine360.com)

Questions? We're here to help.

Call the number on your Benefits ID card to talk with a member experience representative.

# Voluntary Dental Benefits

## Renaissance

Network: Renaissance PPO network

PPO Dental Benefits		
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Preventive Services</b>		
<ul style="list-style-type: none"> <li>Routine Exams, Bitewing X-Rays, Full Mouth X-Rays, Prophylaxis/Cleaning, Sealants, Space Maintainers</li> </ul>	0%	0% of U&C*
<b>Basic Services</b>		
<ul style="list-style-type: none"> <li>Fillings, Simple Extractions, Endodontics, and Periodontics</li> </ul>	20%	20% of U&C*
<b>Major Services</b>		
<ul style="list-style-type: none"> <li>Crowns, Onlays, Implants, Complex Extractions, Anesthesia</li> </ul>	50%	50% of U&C*
<b>Calendar Year Maximum Benefit:</b>		
	\$2,000	
<b>Orthodontia Benefit (Child up to age 19) – Ortho Reset Every Year</b>		
<ul style="list-style-type: none"> <li>Orthodontia Services</li> </ul>	50%	
<ul style="list-style-type: none"> <li>Orthodontia Lifetime Maximum</li> </ul>	\$1,000	

\*The non-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.

Inspection and early detection of dental conditions are key elements to having a healthy smile!





## YOUR RENAISSANCE *Dental Coverage*

As a member of our family, you have access to quality ancillary benefits backed by exceptional customer service. Oral and overall health are connected, and we provide dental coverage with unique benefits so that you and your family can enjoy the benefits of better overall health. Plus, our online portals and resources provide you with 24/7 access to your information, backed by our Indianapolis-based customer service team to give you everything you need to manage your benefits. If you ever have questions about your benefits, refer to this brochure, call our Customer Service Department at **800-894-4532**, or visit us online at **RenaissanceBenefits.com**.

### RENAISSANCE COVERAGE

You have the freedom to visit any licensed dentist. Plus, you have access to a national network of preferred providers\* who have agreed to accept lower rates as full payment for covered services. Advantages to choosing an in-network provider include:

- **NO PAPERWORK** Your dentist fills out all forms and files claims for you.
- **NO EXTRA CHARGES** You only have to pay your deductible and/or your co-insurance charges for covered services.
- **NO BALANCE BILLING** for covered services means you'll never pay more than the allowed fees.
- **NO PAYING FULL PRICE** You won't have to pay full price for your dental visits OR wait for reimbursement.

### THERE ARE A FEW SIMPLE, CONVENIENT WAYS TO FIND AN IN-NETWORK DENTIST:

Simply visit **MyRenProviders.com** or call **800-894-4532** to find an in-network provider. When contacting a dental office, it's important to refer to the following Renaissance network partners that a dental office will likely recognize:

#### NATIONAL NETWORK PARTNERS



#### REGIONAL NETWORK PARTNERS



### RENAISSANCE ONLINE PORTALS

You have secure, 24/7 access to your personal benefit information. You can use the **MyRenBenefitsManager.com** portal to:

- Check eligibility and current benefit information
- Print an ID Card and/or an "Explanation of Benefits"
- Review current and past claims

Simply go online to **MyRenBenefitsManager.com** and have your member ID and group policy number available so you can register.

### WHAT IS COVERED BY MY PLAN?

Your plan was developed in conjunction with your employer or plan sponsor. Please refer to your summary of dental plan benefits for a detailed description of your benefits. You can log in to **MyRenBenefitsManager.com** to review your coverage.

### DO I NEED AN ID CARD?

Yes! Your ID card provides helpful information for your dentist. First, the ID card includes the networks that have partnered with Renaissance. By providing your ID card to your dental office, the dental office will have the information they need to provide a seamless, satisfactory benefits experience.

### HOW CAN A DENTAL OFFICE VERIFY MY ELIGIBILITY?

Your dentist can verify your eligibility anytime by calling Renaissance Customer Service at: **800-894-4532**.



# Voluntary Vision Benefits

## Renaissance

Network: VSP

Vision Benefits		
	In-Network	Out-of-Network
<b>Eye Exam Copay (every 12 months)*</b>		
Routine / Comprehensive	\$10	Up to \$45 Reimbursement
<b>Material Copay</b>		
	\$10	\$10
<b>Standard Lenses (every 12 months)*</b>		
<ul style="list-style-type: none"> <li>• Single Vision Lenses</li> <li>• Bifocal Vision Lenses</li> <li>• Trifocal Vision Lenses</li> <li>• Lenticular Vision Lenses</li> <li>• Standard Progressive Vision Lenses</li> </ul>	\$10 \$10 \$10 \$10 \$55	Up to \$30 Reimbursement Up to \$50 Reimbursement Up to \$65 Reimbursement Up to \$100 Reimbursement Up to \$50 Reimbursement
<b>Contact Lens - Elective (in lieu of lenses and frames)</b>		
	\$150 allowance	Up to \$105 Reimbursement
<b>Frames (every 24 months)*</b>		
	\$150 allowance	Up to \$70 Reimbursement

\*From date of service

Laser Surgery savings averaging 15% off the regular price, or 5% off a promotional offer including LASIK or PRK.



YOUR RENAISSANCE

# Vision Coverage

Renaissance Vision Coverage—administered by VSP® Vision Care—boasts the largest national network of independent doctors with more than 39,000 doctors nationwide.\* VSP network doctors also deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs. If you ever have questions about your benefits, just refer to this flyer, call Renaissance Customer Service at **800-894-4532** or visit us at [RenaissanceBenefits.com](https://www.RenaissanceBenefits.com).



## ENJOY A WIDE VARIETY OF BENEFITS

With Renaissance Vision Coverage you will enjoy a wide variety of benefits that ensure your eyes get the protection they need, including:

- **GLASSES:** Prescription glasses coverage.
- **FRAMES & CONTACTS:** Allowance and additional discounts if you spend over the given allowance.
- **EXTRA MONEY:** Save money on frames, lens enhancements, sunglasses, contacts and laser vision correction.
- **EXTRA BENEFITS:** Most VSP network doctors have evening and weekend appointments, as well as offer a wide selection of frame brands and contact lenses.

## CERTIFIED CARE

When it comes to your health, you deserve the best care. That's why VSP only partners with highly credentialed eye care professionals—so you'll receive quality care for all your vision needs.

- **ABO CERTIFIED:** Optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and Ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent Standards:** The process VSP uses for credentialing complies with the National Committee for Quality Assurance (NCQA) standards.

## NATIONAL NETWORK

With the largest national network of independent doctors VSP boasts more than 39,000 doctors nationwide.\*

### • IN-NETWORK PROVIDERS:

There are no claim forms to complete when you see a VSP network doctor. At your appointment, just tell them your coverage utilizes the VSP network.

### • OUT-OF-NETWORK PROVIDERS:

Not all Vision plans administered by VSP provide out-of-network benefit coverage. To see what your plan offers for out-of-network coverage please visit [vsp.com](https://www.vsp.com) and go to the "Benefits & Claims" section.

## HOW CAN A VSP NETWORK DOCTOR OFFICE VERIFY MY ELIGIBILITY?

- Providers can log in at [vsp.com](https://www.vsp.com) for benefit information
- Call Customer Service at **800-877-7195**.

If your plan allows you to see an out-of-network provider, your coverage will be lower and you'll likely have higher out-of-pocket costs. You'll also need to submit a claim to VSP for reimbursement.

### • SUBMITTING AN OUT-OF-NETWORK CLAIM:

Simply visit [vsp.com](https://www.vsp.com) and go to the "Benefits & Claims" section. You can submit a claim online or download a form and follow the directions to submit by mail.

\* VSP Internal Data, 2020. VSP is a registered trademark of Vision Service Plan.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies can be reached at P.O. Box 1596, Indianapolis, IN 46206.





# Notes

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*IMPORTANT: The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. Every effort was taken to accurately report your benefits. In case of discrepancy between the Benefits Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*