



UNDERSTANDING YOUR MEDICAL PLAN

When you enroll in a medical plan it is important to understand the coverage provided to you and your covered dependents. Whether you are enrolling in the High, Medium, or HSA plan, each plan is designed to function in the same manner. There are no differences in services covered between the plans, however, there are differences in deductibles, coinsurance and out of pocket maximums.

Here are some helpful definitions to help better understand how each plan differs.

Deductible

The plan deductible is the specific dollar amount that you have to pay out-of-pocket before your medical plan insurance kicks in. You are only required to pay the amount the provider bills Meritain for each service until you reach your deductible. Once the deductible has been met your medical plan will start to pay out benefits accordingly.

Coinsurance

Once your deductible has been met certain medical services will require a copayment or coinsurance. Coinsurance is the percentage that you pay for certain covered services under your medical plan. Your medical plan will pay the rest of any covered service up to any benefit or lifetime maximum. See how coinsurance works:

Example

Bob has employee only coverage and is enrolled in Hialeah Park's Medium plan and has already met the plans \$2,500 deductible. Bob just had surgery at an Outpatient facility and due to the plans 20% coinsurance requirements, the cost for the surgery is outlined below:

- **Outpatient surgery cost** = \$2,000
- **Hialeah Park's responsibility** = $\$2,000 \times 80\% = \$1,600$
- **Bob's responsibility** = $\$2,000 \times 20\% = \400



Out-of-Pocket Maximum

The maximum amount you will pay (excluding your payroll contributions) in a plan year for covered health services before the plan begins to pay 100% of costs. Deductibles, copays, and coinsurance all apply towards the out-of-pocket maximum.

High-Deductible Health Plan (HDHP)

The HSA plan is considered a “High Deductible Health Plan” or HDHP. This is a plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (also called your deductible). A high deductible plan can be combined with a health savings account (HSA), for you to pay for certain healthcare expenses with money you set aside in your tax-free HSA.

Preferred Provider Organization (PPO)

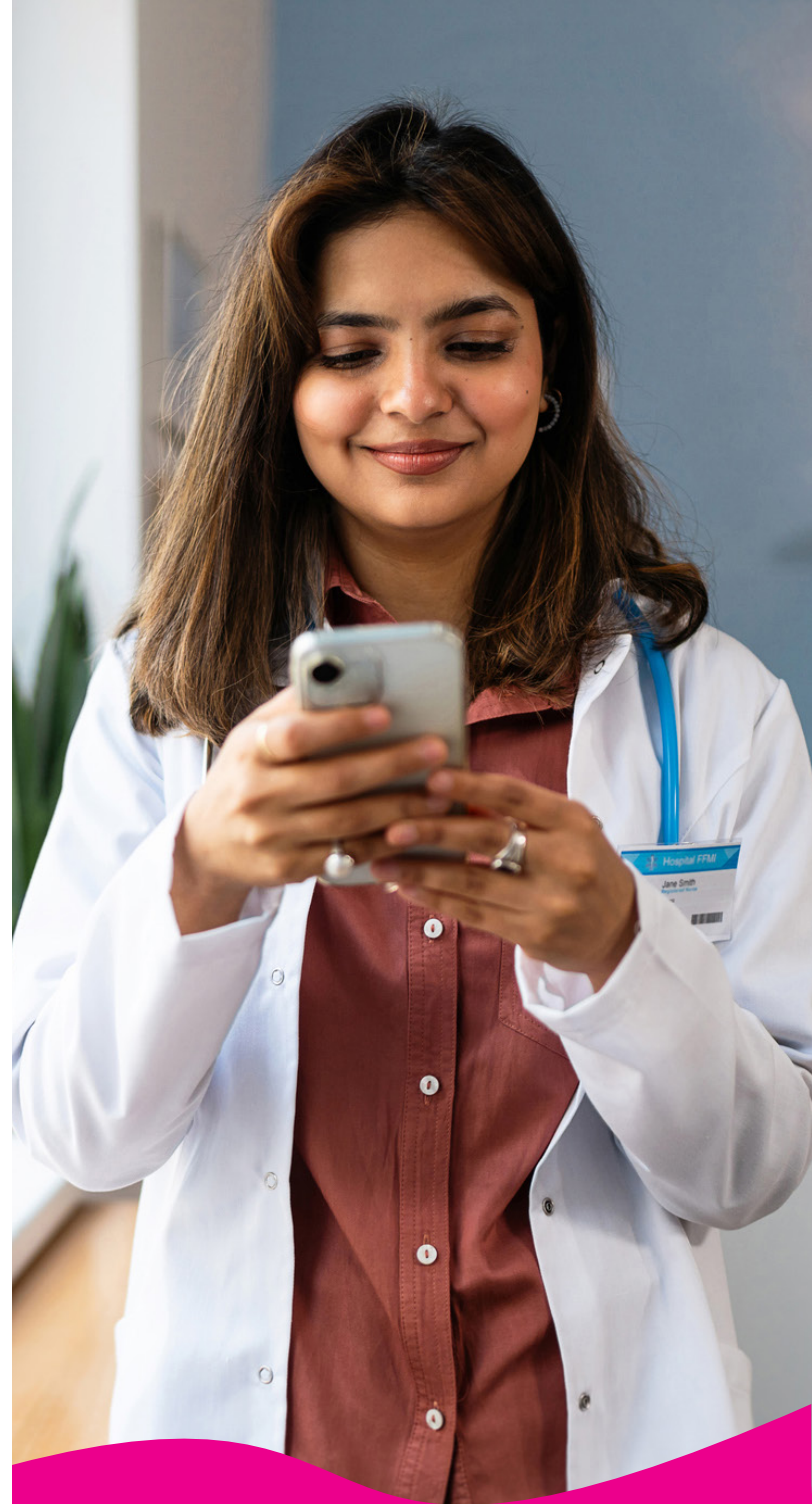
The High and Medium medical plans are PPO plans. These plans have a lower deductible and out of pocket maximum, however, the monthly premiums are higher than a HDHP. You will pay less in health care costs up front before the insurance company begins to pay its share. These plans cannot be combined with an HSA.

Network Coverage

All 3 of your medical plans utilize Meritain’s network of healthcare providers. Members can choose to receive care from any provider, but they will pay less if they use providers within the plan’s network. None of the plans require members to choose a primary care physician (PCP) or get referrals to see specialists. Members can still see out-of-network providers, but they will typically face higher out-of-pocket costs.

Coordination of Benefits (COB)

Coordination of Benefits (COB) is a process that determines which health insurance plan is responsible for paying a medical claim when a person has more than one health plan. COB helps to ensure that patients receive the maximum benefit they are entitled to. Meritain requires a COB to be completed for each member every plan year before they will pay claims.



If you have any questions on how your medical benefits work you can contact the Conner Strong & Buckelew Benefits MAC team in any of the ways below:

- Phone #: 800-563-9929
- Email: cssteam@connerstrong.com
- Submit a request online at www.connerstrong.com/memberadvocay