HomeCentris
HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES



JANUARY 1, 2027 - DECEMBER 31, 2027

CAREGIVERS EMPLOYEE BENEFITS GUIDE

HomeCentris HEALTHCARE
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A MESSAGE TO OUR STAFF:

Dear HomeCentris Healthcare Employee,

We know how much work goes into making our company a success, so we ensure that our employees are provided with exceptional benefits including medical, dental, and vision.

We make it a priority to keep you and your loved ones covered in the event of unforeseeable circumstances so you can focus on fulfilling your career potential and leading a healthy, well rounded life.



CARRIER CONTACT INFORMATION

PLAN	CARRIER	GROUP NUMBER	CUSTOMER SERVICE INFORMATION
Medical	Beni Solutions	—	Website: www.beni.solutions Member Services Number: 844-995-5836 x2
Dental	Delta Dental	—	Website: www.deltadental.com Member Services Number: 1-800-452-9310
Vision	Delta (VSP)	—	Website: www.vsp.com Member Services Number: 1-800-877-7195
Pet Insurance	Pet Benefit Solutions	10491	Website: www.customercare@petbenefits.com Member Services Number: 800-891-2565
LegalShield	LegalShield	304703	Website: www.shieldbenefits.com Member Services Number: 888-807-0407
IDShield			



ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE

Employees | Full-time employees who work at least 30 hours per week are eligible for medical, dental, vision, pet insurance, Legal Shield and ID Shield. Part-time employees who work less than 30 hours per week are eligible for dental, vision, pet insurance, Legal Shield and ID Shield.

The waiting period for all plans is first of the month following 60 days of employment.

Dependents | Employees may enroll legal spouses and dependent children up to age 26, regardless of student or marital status.

WHEN TO ENROLL

First Eligibility | If you are a new hire or newly eligible for benefits, you must enroll in your benefit plans within 30 days of your eligibility date. If you waive coverage upon first eligibility, you will be required to wait until the next open enrollment or when you experience a qualifying event.

Open Enrollment | Employees may make benefit changes during open enrollment, which is in November for a January 1 effective date. Your coverage will be in place until the next open enrollment.

Qualifying Event (QE) | A qualifying event is a documented, life status change. If you experience one of these events during the course of your benefit plan year, you may be able to make changes to your plans and coverage.

HOW TO ENROLL

If you are already a HomeCentris ADP registered Caregiver, you will enroll via ADP. If you are coming from Integrity, PRN Med Staff, or Allied, you will enroll by a manual form provided by HR.

For the 2027 plan year, Open Enrollment will occur from November 6—November 25. All forms are due by COB on November 25th.

ADP WorkforceNow

QUALIFYING EVENTS

Here is a list of approved qualifying events in accordance with IRS code Section 125:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or a child
- Change in residence or work location that affects benefits eligibility for you or your covered dependents
- You or one of your covered dependents gain or lose coverage due to a change in employment status i.e. employment termination or reduction of hours
- Gain or loss of qualified coverage

While this list contains the most relevant qualifying events, check with your Human Resources Department to see if you may qualify for other enrollment periods. Depending on the type of change, you may need to provide proof of the qualifying event (for example, a marriage license or birth certificate).

If you do not notify Human Resources within 30 days of your QE, you will have to wait until the next annual open enrollment period to make benefit changes.

MEDICAL



To locate an in-network doctor, visit
www.beni.solutions/

BENI SOLUTIONS PREMIUM MV PLAN HIGHLIGHTS

- Access to the MultiPlan PHCS provider network. Members receive the highest level of benefits when using participating providers and may locate providers online or by phone.
- Members are not required to select a Primary Care Physician (PCP).
- Referrals are not required to visit a specialist for covered services.
- This plan uses Reference-Based Pricing (RBP) for certain services and pays up to 125% of the Medicare allowable amount for covered services. Members may be responsible for balance-billed charges when providers charge above this amount.

BENI SOLUTIONS PREMIUM MV PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual / Family	$0 /$0	$0 / $0
ANNUAL OUT-OF-POCKET LIMIT		
Individual / Family	$9,100 / $18,200	$9,100 / $18,200
PREVENTIVE CARE		
Well Child Care, Adult Physical, Routine GYN Visits, and More	No charge	40% coinsurance
OFFICE VISITS		
Primary Care Physician (PCP)	$15 copay	40% coinsurance
Specialist	$15 copay	40% coinsurance
DIAGNOSTIC SERVICES		
Labs	$50 copay	40% coinsurance
X-ray	$50 copay	40% coinsurance
Advanced Imaging (Non-Hospital / Hospital)	$350 copay	$350 copay
EMERGENCY AND URGENT CARE		
Urgent Care Center	$50 copay	40% coinsurance
Hospital Emergency Room	$500 copay	$500 copay
HOSPITALIZATION		
Inpatient Hospital Facility (7-day maximum)	$500 copay per admission	$500 copay per admission
Outpatient Facility Services	$350 copay	$350 copay
PRESCRIPTION		
Preventive Drugs	No charge	Not covered
Generic Drugs	$10 copay	
Preferred Brand Drugs	Discount only	
Non-Preferred Brand Drugs	Discount only	
Specialty Drugs	Discount only	



Medical coverage is only available to Full-Time Employees working 30+ hours per week.

MEDICAL PLAN ACCESS

Benefits will be available once you have your ID card in hand. Please do not call or try to access care prior to this.

ACCESSING COVERAGE

The HealthWallet mobile app puts your coverage in the palm of your hands.

- Scan the QR code to the right, or search "The HealthWallet" in your app store
- Download the HealthWallet mobile app
- Login in with your social security number and date of birth
- Access your ID card(s), benefit information, and ancillary vender services

LOCATING A NETWORK PROVIDER

Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-454-5231 or visiting www.multiplan.com/sbmapa and following the instructions below.

- Enter a provider name, specialty, or facility type in the search box, or choose one from the drop down
- Enter your location information
- Click "Search"

PRESCRIPTION DRUG BENEFITS

Present your medical ID card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be available on your ID card.

Customer Service: (888) 899-5122 | Member Portal | National Pharmacy Chains

VIRTUAL HEALTH PROGRAM

Recuro Health's Virtual Urgent Care and Virtual Behavioral Health provide members with:

- 24/7 access to board-certified doctors for treatment of urgent medical concerns
- Virtual access to a Therapist or Licensed Counselor by appointment between 7 am – 7 pm
- Access care via the HealthWallet mobile app or call 1-855-673-2876. | **Additional Information**

IMAGING COVERED 100%

- Call Medmo at (844) 248-2292 to share your imaging prescription information and availability.
- Medmo will find imaging centers to determine the best match for you
- Pre-authorization requirements apply.
- Simply show up for your appointment and Medmo will have a copy of the results available for both you and your physician.

Additional Information

DISCOUNTED GLP-1'S

- Visit HelpRx.co to get started!
- Fill out an assessment and receive a review within 24 hours
- Receive your order fast and right to your door!

MEDICAL PLAN ACCESS

COMPANION DISCOUNT CARD

- Visit www.WellCardSavings.com & Click: “Click Here to Register”
- **Group ID:** MECPLUS
- Fill out your information, Click Save, Text, or Email card or print the one below to use at participating providers.

CUSTOMER SERVICE

- First start with the Health Wallet Member App
- Customer Service: (844) 995-5836 x 2
- Assistance with Claims: (888) 505-7724 x 3
- Member FAQ’s

Can’t click the links? Scan here instead for all the flyers and benefit information!

Beni SOLUTIONS

TIPS AND TRICKS

Choosing a Medical Plan:

Lookup Providers in Your Area	Multiplan PHCS
Provider lookup links are provided on each plan page. Click the link and review the in network providers in your area. Some plans will not offer out of network coverage so be mindful of this when selecting a provider.	PHCS
Check Which Plan Covers Your Prescriptions	**PureRx**
A link to the plans formulary is included on each plan page. Locate the tier next to your prescription and choose the plan that covers that tier. Discounts on GLP1's are available.	PureRx Additional Information

While You Wait:

Accessing Care Without an ID Card	Forms
If you do not have your ID card and your effective date has come, pleas use the following tips for accessing care while you wait. **1. Coverage is active as of your effective date:** Employees can receive care even without their ID card in hand. By the time a claim is submitted, coverage will be active and the claim will be processed accordingly. **2. Verify provider participation:** Employees should confirm their provider is in-network by using the provider lookup tool and calling the provider's office directly for verification. **3. Inform providers of active coverage:** Employees should let their providers know that their coverage is active as of the effective date, and that ID card details are forthcoming. They can follow up with the provider once they receive their ID information. Most providers are familiar with this situation and are typically accommodating. **4. Avoid paying out of pocket:** Claims must be submitted by the provider for payment. Reimbursement to members directly is not always available, so employees should not pay upfront for services when it can be avoided. Claims forms are available for reimbursable expenses.	Claims Form—Medical Claims Form—Rx Member FAQ's

Once You Have Your ID Card:

Set Yourself Up to Access Care	Customer Service
Download the HealthWallet App • Scan the QR code to the right, or search "The HealthWallet" in your app store • Download the HealthWallet mobile app • Login in with your social security number and date of birth • Access your ID card(s), benefit information, and ancillary vender services **Set Up Telemedicine with Recuro** Instructions are available within the HealthWallet App **Set Up Additional Services** Access to Medmo, Prescriptions and more can also be found in the HealthWallet App.	Do not call until you have your ID card in hand. **MEC Plan:** (808) 505-7724 **MV Plan:** (844) 995-5836 x2 **Dental:** 1- (800) 452-9310 **Vision:** 1- (800) 877-7195

*Access to prescriptions, health wallet, Recuro & Medmo may not be available until 5 business days after you have received your **Virtual** ID Card. Once your **Physical** ID card arrives in the mail, all services should be available.*

DENTAL

To locate an in-network doctor, visit www.deltadental.com

DELTA PPO DENTAL PLAN HIGHLIGHTS

- You have access to one of the nation's largest networks with more than 100,000 participating dentists throughout the United States.
- You have the freedom to choose any dentist. However, in-network providers will offer the deepest discounts.
- There are no claims to file when seeing in-network dentists.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.
- When seeing out-of-network dentists, you may incur additional costs subject to balance billing.

DELTA PPO DENTAL PLAN DETAILS

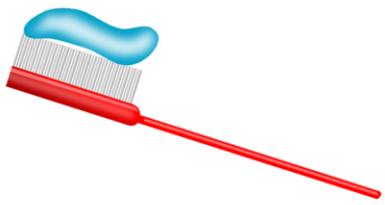
When seeing non-participating dentists, watch out for balance billing!

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE Individual / Family	$50 / $150	$100 / $300
ANNUAL MAXIMUM *Maximum amount the plan will pay per year*	Plan pays $1,500 maximum	Plan pays $1,500 maximum
CLASS I—DIAGNOSTIC/PREVENTIVE SERVICES Exams, Cleanings, Bitewing X-Rays, Full-Mouth X-Rays, Fluoride Treatments**, Space Maintainers	Plan pays 100% of AB*	Plan pays 80% of AB*
CLASS II—BASIC SERVICES/MAJOR SURGICAL Fillings, Simple Extractions, Oral Surgery, Periodontics, Root Canals, Sealants	Plan pays 80% of AB*	Plan pays 50% of AB*
CLASS III— MAJOR SERVICES/RESTORATIVE Crowns & Gold Restorations, Bridgework, Full & Partial Dentures, Repairs of Dentures, Implants	Plan pays 50% of AB*	Plan pays 50% of AB*

**AB is Allowed Benefit*
***Frequency limitations apply*

This plan is available to all Caregivers as a 100% employee paid benefit.



VISION



To locate an in-network doctor, visit
www.vsp.com

VSP VISION PLAN HIGHLIGHTS

- Vision services are administered through the VSP national network of providers.
- VSP has over 137,000 access points now including their retail locations.
- You have the freedom to choose any provider, however, as a Guardian member, you'll receive the deepest discounts in-network.
- There are no claims to file when seeing in-network providers.
- When seeing out-of-network providers you may incur additional costs subject to balance billing.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

VSP VISION PLAN DETAILS

Below is a snapshot of your benefits.
The benefit summary from the carrier will always prevail.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
COPAY		
(Once every 12 months)		
Eye Exam	$10 copay	Plan pays up to $45
Materials	$25 copay	N/A
EYEGLASS FRAMES		
(Once every 24 months)	Plan pays up to $130	Plan pays up to $70
EYEGLASS LENSES		
(Once every 12 months)		
Single Lenses	$25 copay	Plan pays up to $30
Bifocal Lenses	$25 copay	Plan pays up to $50
Trifocal Lenses	$25 copay	Plan pays up to $65
Lenticular Lenses	$25 copay	Plan pays up to $100
Progressive Lenses	No charge	Plan pays up to $50
LENS OPTIONS		
Anti-Glare Coating	$41 copay	Not covered
Impact-Resistant	$31 copay	
Light-Reactive	$75 copay	
Scratch-Resistant	$17 copay	
CONTACT LENSES		
(Once every 12 months)		
Elective	Plan pays up to $130	Plan pays up to $105
Medically Necessary	Covered in full after copay	Plan pays up to $210



This plan is available to all Caregivers as a 100% employee paid benefit.

PET BENEFITS

Our pet solutions offer you two different styles of plans to suit your budget and your pets' needs. You can choose from the **Wishbone Total Pet** pet care discount program or fully-underwritten **Wishbone Pet Health Insurance.**

WISHBONE PET HEALTH INSURANCE

Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected.

Enroll in pet health insurance from **Wishbone** and receive 70% reimbursement on your pet's veterinary care. Protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect to be reimbursed via direct deposit or mailed check in 5 business days or less. It's that easy!

Get a quote and enroll at:
https://www.wishboneinsurance.com/homecentris

TOTAL PET PLAN—PET CARE BUNDLE

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Wishbone Total Pet**, which makes pet care more affordable.

Enroll in Wishbone Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

$5.40/pay period for one pet or
$8.54/pay period for a family plan

For more details and how to enroll, visit:
www.petbenefits.com

	wishbone	TOTAL PET PLAN
Description	Wishbone is pet health insurance. 70% reimbursement on accidents and illnesses. Optional wellness coverage is available.	Wishbone Total Pet is a pet care discount bundle. Discounts on pet products and vet care, 24/7 pet telehealth and lost pet recovery service.
Group Rates	Rates vary per pet	$5.40 per month for one pet $8.54 per month for two or more pets
Exclusions	Pre-existing conditions	None
Types of Pets	Dogs & Cats	All Pets
Participating Veterinarians	Use at any vet in the US including emergency and specialty clinics.	Participating vets in all 50 states, including Puerto Rico (applies to vet discounts only).
Additional Benefits	24/7 Pet Help Line from AskVet and Lost Pet Recovery Service from ThePetTag	Wishbone Total Pet includes all benefits from PetPlus, Pet Assure, whiskerDocs, and ThePetTag.

This plan is available to all Caregivers as a 100% employee paid benefit.

LEGALSHIELD AND IDSHIELD

NEW

LegalShield® | IDShield®

This plan is available to all Caregivers as a 100% employee paid benefit.

Have You Ever...

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, YouTube)

The LegalShield Membership Includes:

- Dedicated Law Firm—Direct access, no call center
- Advice and Consultation (Personal)—Phone consultations with your law firm for any personal legal matter, even pre existing matters
- Letters/Phone Calls (Personal)—Made on your behalf to help resolve personal legal matters
- Document Review (Personal)—Your provider law firm will review personal documents (up to 15 pages each)
- Residential Loan Document—Assistance For the purchase of your primary residence, once per membership year
- Will Preparation—Living Will, Health Care Power of Attorney, Financial Power of Attorney
- Speeding Ticket Assistance—With non-criminal, moving traffic matters when driving with a license and proper registration
- Income Tax Audit Services—Receive representation if audited by the IRS on your personal tax return
- Trial Defense (Civil)—When named defendant in a covered civil lawsuit
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation—Available 90 consecutive days from the effective date of your plan
- 25% Preferred Member Discount—Discounted rates for additional legal services
- Emergency Legal Access—Provides 24/7/365 emergency legal access for covered emergencies

The IDShield Membership Includes:

- Continuous Credit Monitoring—Monitors information on your TransUnion credit report
- Privacy Management—One-on-one consultation on online privacy dangers
- Reputation Management—Scans social media accounts for any content you have posted in the past that could damage your online reputation
- Financial Threshold Account—Monitoring Looks out for activity tied to personal financial accounts
- $1 Million Protection Policy—Coverage for lost wages, legal defense fees, stolen funds and more
- Unlimited Service Guarantee—We'll do whatever it takes for as long as it takes to restore your identity
- Full-Service Restoration—Provides one-on-one consultation to resolve identity related issues
- Emergency Live Support—Provides 24/7/365 live support for identity theft emergencies
- NEW! Trend Micro Maximum Security—Defend against ransomware and other threats
- NEW! VPN Proxy One—Turns public hotspot into a secure Wi-Fi via Virtual Private Network (VPN) with bank-grade data encryption to keep your information protected from hackers
- NEW! Password Manager—Get multiple device protection and privacy for your digital life

LegalShield + IDShield Dual Plan—Credit Counseling and Education

Available exclusively to those with both a LegalShield and IDShield Membership, our Identity Theft Specialists will provide one-on-one education to help you understand your valuable credit rating and actions that are likely to have an impact on your credit score. Additionally, your provider law firm can offer legal consultation on the laws surrounding credit scores and lending, as well as draft letters on your behalf and review documents up to 15 pages.

Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

PLAN	INDIVIDUAL	FAMILY
LegalShield	—	$17.55 / month
IDShield	$8.45 / month	$15.50 / month
Dual Plan	$25.00 / month	$31.05 / month

URONE BENEFITS

MEDICARE SOLUTIONS

Medicare is the health insurance program run by the federal government. It is available to those 65 and older, those under 65 with certain disabilities, and those with end-stage renal disease.

Choosing the right Medicare Coverage is important because everyone has different needs and budgets. Our Medicare enrollment specialists will help you assemble the Medicare plan that meets all your personal needs. This professional service is free.

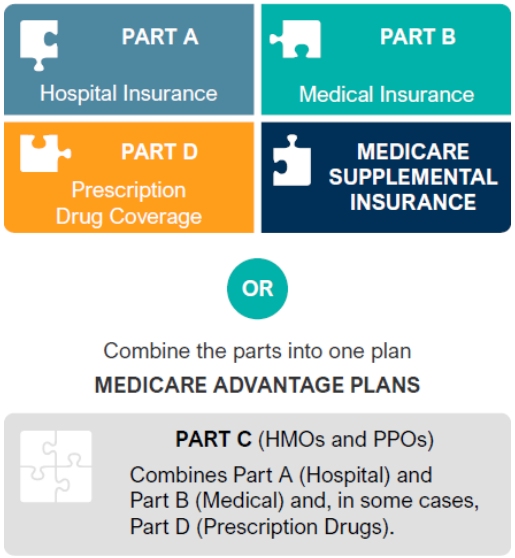
COBRA OPTIONS

Individuals who are currently or will soon be eligible for COBRA because of loss of employment or a reduction in hours may benefit from a broader landscape of insurance providers, plans and costs.

We provide individuals and families the opportunity to work with a personal consultant to evaluate eligibility for governmental subsidies which may drastically decrease the cost of insurance.

SERVICES

- Medicare Solutions for Individuals
  - Medicare Enrollment
  - Medicare Advantage
  - Customized and Personalized Attention
- Family and Individual Health Insurance
  - ACA (Affordable Care Act)
  - Short Term Insurance
- Dental
- Vision
- Pet Insurance
- Life Insurance
- GeoBlue Travel Insurance



UNDERSTANDING YOUR MEDICARE BENEFITS

Employees who are over the age of 63 may already be receiving information about the Medicare open enrollment period starting in January. We want you to know that you have resources on the details associated with Medicare.

Our goal is to educate employees approaching age 65 and older that Medicare might be a preferred or less costly option as they make decisions regarding their personal insurance.

This free service gives the employees a one-on-one consultation to review Medicare options. The UROneBenefits Medicare team is fully licensed with the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS), which work closely with our team on your employee benefit program.

URONE™ BENEFITS

For more information:

1-800-722-7331

NMiklos@UROneBenefits.com

UROneBenefits.com

SOFI

ABOUT SOFI

SoFi is a new kind of finance company taking a radical approach to lending and wealth management. SoFi offers a unique employee benefit—student loan refinancing—as a crucial way to build financial wellness at Stringfellow Management Group, Inc. . With student loan debt for undergrads getting closer to six-figures for many graduate student loans, more employees than ever are looking to their employers for solutions to help them reduce their debt.

STUDENT LOAN REFINANCING

This program can help you save on your student loans. With low rates and no fees, SoFi can refinance student loans and save you money. Our members save $316 per month on average. Plus they get access to great perks, like career strategy services and local member events.

- Special interest rate for employees
- Quick setup and enrollment, with comprehensive educational resources
- No cost for you
- No integration needed



THREE EASY STEPS

If you have questions, our friendly customer support team is standing by to help you through the process seven days a week.

1 **ONLINE PRE-APPROVAL**

Our quick pre-approval process lets you know if you qualify before you complete the full application.

2 **SELECT A LOAN**

Compare the plans available to you with specific payments, rates and terms.

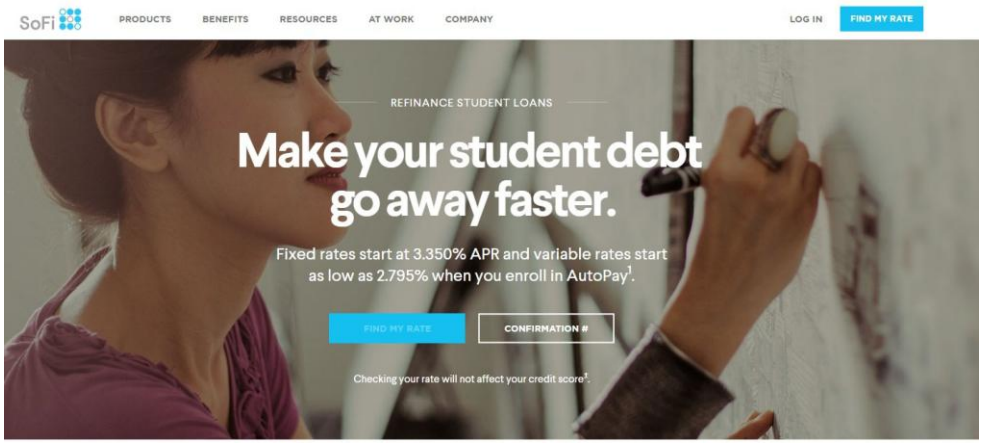
3 **UPLOAD & SIGN**

Easily upload documents via screenshots or smartphone photos, then sign your paperwork electronically.

GET STARTED BY CHECKING YOUR RATES TODAY

Apply using this link and get a 0.125% discount when you refinance.

Visit www.sofi.com/ebsmd



BENEFITHUB

BENEFITHUB

Welcome to your Discount Marketplace! BenefitHub is a web portal where you can enjoy discounts, cash back rewards and perks on thousands of the brands you love in a variety of categories!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Insurance
- Sports & Outdoors

BenefitHub

IT'S EASY TO ACCESS AND START SAVING!

If you have questions, BenefitHub's friendly customer support team is standing by to help you through the process!

1 VISIT THE UNIQUE URL

ebsmd.benefithub.com

2 CLICK ON ANY OFFER

With 21 categories, 100+ subcategories, and a powerful search engine, it's simple to find what you're looking for!

3 COMPLETE REGISTRATION

Whether it's discounts on everyday items or health and financial wellness, everything needed to help facilitate a healthy work-life balance is available on BenefitHub!



EMPLOYEE CONTRIBUTIONS

One of the major benefits of employer sponsored coverage is the ability to pay for your employee contributions through payroll deductions. Depending on the product, your deduction could be pre-tax or post-tax (noted below). If you choose to enroll, below are the amounts that will be payroll deducted for the coverages you select. Once you enroll in a pre-tax benefit, you'll need to wait until open enrollment or experience a qualifying event to change your selection. If you have additional questions concerning tax implications, please consult with Human Resources or a tax professional.

The amounts are listed on a weekly and bi-weekly basis.

PLAN	EMPLOYEE		EMPLOYEE & SPOUSE		EMPLOYEE & CHILD(REN)		FAMILY	
	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY	BI-WEEKLY
Medical	$28.79	$57.58	$123.40	$246.81	$102.63	$205.27	$197.25	$394.50
Dental	$11.31	$22.62	$22.62	$45.23	$21.46	$42.92	$34.62	$60.23
Vision	$2.31	$4.62	$4.62	$9.23	$4.85	$9.69	$8.08	$16.15
Pet Insurance	100% Employee Paid (See rates on page 10)							
LegalShield	100% Employee Paid (See rates on page 11)							
IDShield								



FREQUENTLY ASKED QUESTIONS



WHAT IS A "COPAYMENT [COPAY]"?

A **Copayment** is a fixed dollar amount (for example, $15) that you must pay for certain covered benefits. Your copay is due at the time of service. If you have a plan that includes copays, your copay amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT IS A "DEDUCTIBLE"?

A **Deductible** is a **fixed dollar amount** that you pay for your covered benefits that have a coinsurance cost share before your health insurance begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible. **NOTE**: Not all health care costs that you pay will count towards your deductible. Your Summary of Benefits & Coverage will include these details.

WHAT IS "COINSURANCE"?

Coinsurance is your share of the costs of a covered health care service. It is calculated as a percent (for example, 20%) of the allowed amount for the service. **Coinsurance** only takes affect once you have **met your deductible**. For example, if the health insurance plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. Your health insurance pays the rest of the allowed amount. If you have a plan that includes coinsurance, your coinsurance amounts will be stated in your Plan Agreement and your Summary of Benefits & Coverage.

WHAT ARE "COVERED BENEFITS"?

Covered Benefits are the products and services that you are **eligible** to receive or obtain payment for under your health plan. Treatment for medical emergencies or accidental injuries are also included in your covered benefits.

WHAT IS AN "ALLOWABLE AMOUNT"?

An **Allowable Amount** is the negotiated amount paid to providers for the services covered by the medical carrier. This is the maximum amount on which payment is based for covered health care services. It is typically a **discounted cost** rather than the actual (billed) amount.

WHAT ARE "OUT OF POCKET COSTS"?

Out-of-pocket costs are any **expenses** for medical care that are **not reimbursed** by your insurance. These include deductibles, coinsurance, and copayments. Your premium is not considered an out-of-pocket cost.

Your out-of-pocket costs vary depending on the actual care you receive. An example of an out-of-pocket cost is what you pay when you visit a doctor or get a prescription filled. Copays, deductibles and coinsurance are all out-of-pocket costs because you pay them **out of your own pocket**.

Medical plans have a maximum out-of-pocket amount that limits the amount you have to pay for your covered benefits each calendar year. **Once you reach the out of pocket maximum, your plan will pay for all additional non-excluded services and you will not have to pay for any services.**

WHAT IS A "PREMIUM"?

A **premium** is the amount that you pay each month for your health insurance coverage. Your premium stays the same whether or not you see a doctor. If you are a member in an individual plan, you may pay your premium payments through the Member Portal. If you are in a group plan, your employer pays your insurance premium through a combination of employer contributions and employee deductions.

This guide describes the benefit plans available to you as an employee of HomeCentris Healthcare. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your summary plan description. If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation.

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