

2023 Retiree Benefits Enrollment Guide



ENNIS
TEXAS

The bluebonnet spirit of Texas

Plan Year 2023

WELCOME TO YOUR 2023-2024 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: www.imagine360.com	
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RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4 Website: www.express-scripts.com Patient customer service: 855-827-2615	
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Mutual of Omaha Group Number: G000BF9D Phone: (800) 228-7104 Website: mutualofomaha.com/dental	
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Mutual of Omaha Group Number: G000BF9D Phone: (833) 279-4358 Website: eyemedvisioncare.com/mutual	
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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
- Termination of Employment / Reduction of work hours
- 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 10/1/2023

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

Retiree Monthly Contributions – Mutual of Omaha Dental Effective 10/1/2023

Retiree Only	\$32.00
Retiree + Spouse	\$65.00
Retiree + Child(ren)	\$86.00
Retiree + Family	\$119.00

Retiree Monthly Contributions – Mutual of Omaha Vision Effective 10/1/2023

Retiree Only	\$6.00
Retiree + Spouse	\$12.00
Retiree + Child(ren)	\$12.00
Retiree + Family	\$18.00



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 2), 3)	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS 2), 3)
Lifetime Maximum	Unlimited		
Plan Year Deductible			
- Per Covered Person	\$200	\$400	\$1,000
- Family Limit*	\$600	\$1,200	\$3,000
Annual Out-of-Pocket Maximum (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$3,000	\$3,000
- Family Limit*	\$3,750	\$7,500	\$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
Inpatient Hospital Services	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90% after Deductible	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%; Deductible waived	80%; Deductible waived	70% after Deductible	Payable under covered mother' claim.
Skilled Nursing Facility/Rehabilitation Facility	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Hospital Emergency Room - 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.
Outpatient Surgical Facility	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services Physical/Occupational Therapy/Speech Therapy Cardiac Rehabilitation	90% after Deductible 90% after Deductible	80% after Deductible 80% after Deductible	70% after Deductible 70% after Deductible	Limited to 20 visits per therapy per Plan Year.
Outpatient Diagnostic Services Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90% after Deductible	80% after Deductible	70% after Deductible	
All Other Diagnostic Lab/X-ray (Facility only)	100%; Deductible waived	80% after Deductible	70% after Deductible	
Preventive and Wellness Lab and X-ray	100%; Deductible waived		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 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	90% after Deductible	80% after Deductible	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90% after Deductible	80% after Deductible	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90% after Deductible	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother’s discharge.)	90% after Deductible	80% after Deductible	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%; Deductible waived	80%; Deductible waived	70%; Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$25 Copay Deductible waived 100% after \$25 Copay Deductible applies	100% after \$45 Copay Deductible waived 100% after \$45 Copay Deductible applies	100% after \$75 Copay Deductible waived 100% after \$75 Copay Deductible applies	
United Concierge Medicine	N/A	\$0 Consult Fee		Call 844-4-VIPDOC
Chiropractic Services	100% after \$30 Copay Deductible waived	100% after \$50 Copay Deductible waived	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician’s Office or Freestanding Facility)	90% after Deductible	80% after Deductible	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%; Deductible waived	100%; Deductible waived	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO provider services.
3) Plan limits apply collectively/combined for PPO and Non-PPO services.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Outpatient Therapy/Other Services Physical/Occupational Therapy, Speech Therapy	100% after \$30 Copay Deductible waived	100% after \$50 Copay Deductible waived	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90% after Deductible	80% after Deductible	70% after Deductible	
Home Health Services	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Durable Medical Equipment	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90% after Deductible	80% after Deductible	70% after Deductible	
Ambulance Services	90% after Deductible			Contact UR Company for Coordination of Care.
All Other Provider Covered Physician Services	90% after Deductible	80% after Deductible	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

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 2), 3)	LIMITS & PROVISIONS
	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)		
All Covered Wellness Benefits	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:

- 1) Routine Physical Exam
- 2) Annual Well Woman Exam
- 3) *Annual Pap smear and other routine lab
- 4) *Annual Routine Mammogram
- 5) *Bone Density test
- 6) Annual PSA test (routine)
- 7) Well Baby Care Exam/Well Child Care Exam
- 8) Vision Screenings (to age 19)
- 9) Hearing Screenings for newborns
- 10) Routine Immunizations
- 11) Flu vaccine/pneumonia vaccine
- 12) *Routine lab, x-ray, diagnostic testing and other medical screenings
- 13) Smoking/Tobacco Use Cessation (limited to 2 attempts + 4 counseling sessions per attempt)
- 14) *All FDA-approved Women’s Contraceptive methods/Sterilization procedures
- 15) *Routine Colonoscopy (includes polyp removal) – age 50 and older or family history of colon cancer

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

* 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 are 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!

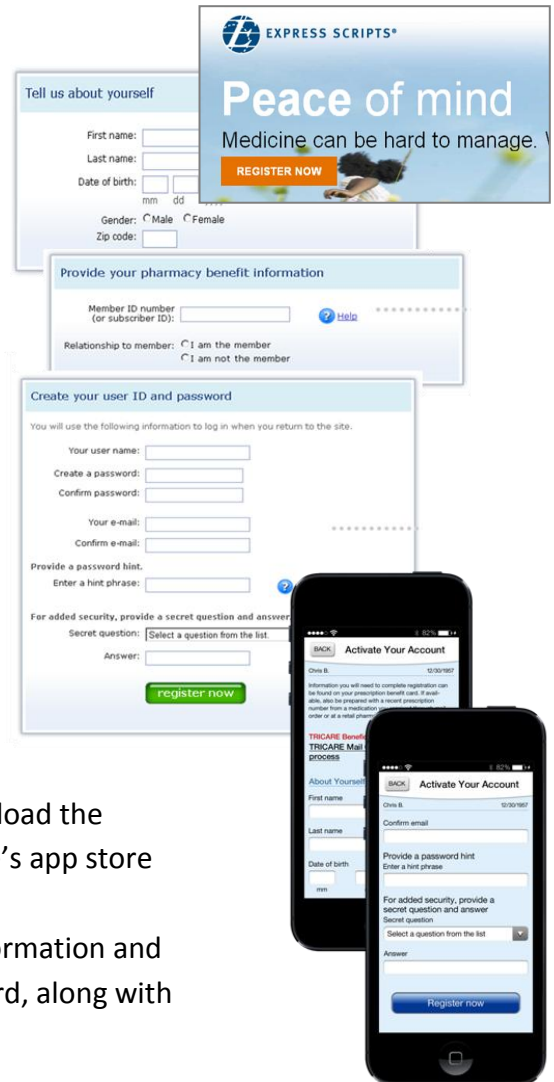
Registering is safe and simple. Your information is secure and confidential. Please have your member ID number available.

- 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.



Real

**DOCTORS.
CARE.
CONVENIENT!**

24/7 Virtual Care from UCM Digital Health.

When you or your family don't feel well, you want to get help right away. You have immediate access - day or night - to a medical professional through UCM Digital Health (UCM).

5 Reasons to choose UCM's virtual care:

- 1 CONVENIENCE!** Instead of driving to the doctor, ER or clinic and sitting in a crowded waiting room, you can get an appointment right in the comfort of your own home.
- 2 SPEED!** UCM's same-day virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For a wellness or regular visits, you can get an appointment fast - perhaps even the same day!
- 3 QUALITY CARE.** You'll receive outstanding care from board-certified providers, licensed counselors, psychiatrists, and care coordinators. In most cases, they can diagnose, triage, and treat you right in your virtual visit. This includes filling any prescriptions you might need.
- 4 SMART.** By choosing virtual care, you'll likely have lower out-of-pocket costs. Your provider will follow up with you to make sure you get all the care you need. If you need to be seen in-person for "hands on" care, your care coordinators can assist you in getting a fast appointment so you can skip the ER or Urgent Care lines.
- 5 IT'S REALLY EASY!** Download the app, go online or call to get started!

Get Started NOW!

Download the "Sam by UCM" mobile App, visit GoSeeSam.com or call 1-844-4-VIP-DOC.



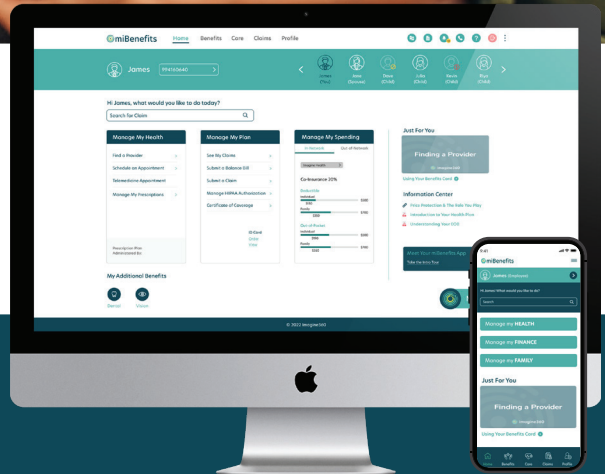
Manage Your Benefits



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



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

The Imagine360 miBenefits app is also available on:



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

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.

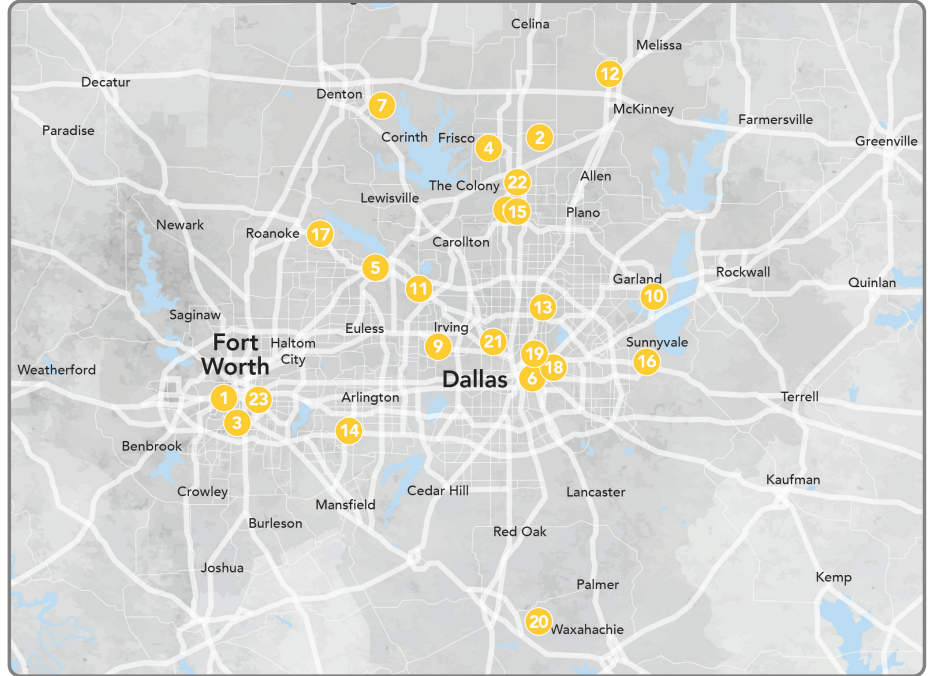
imagine
HEALTH

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

For a current and complete list of Imagine providers, visit 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**. 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.

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

- 3
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- 9
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- 11
- 12

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
TOTAL: AMOUNTS		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
TOTAL DUE TO PROVIDER	836.23

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

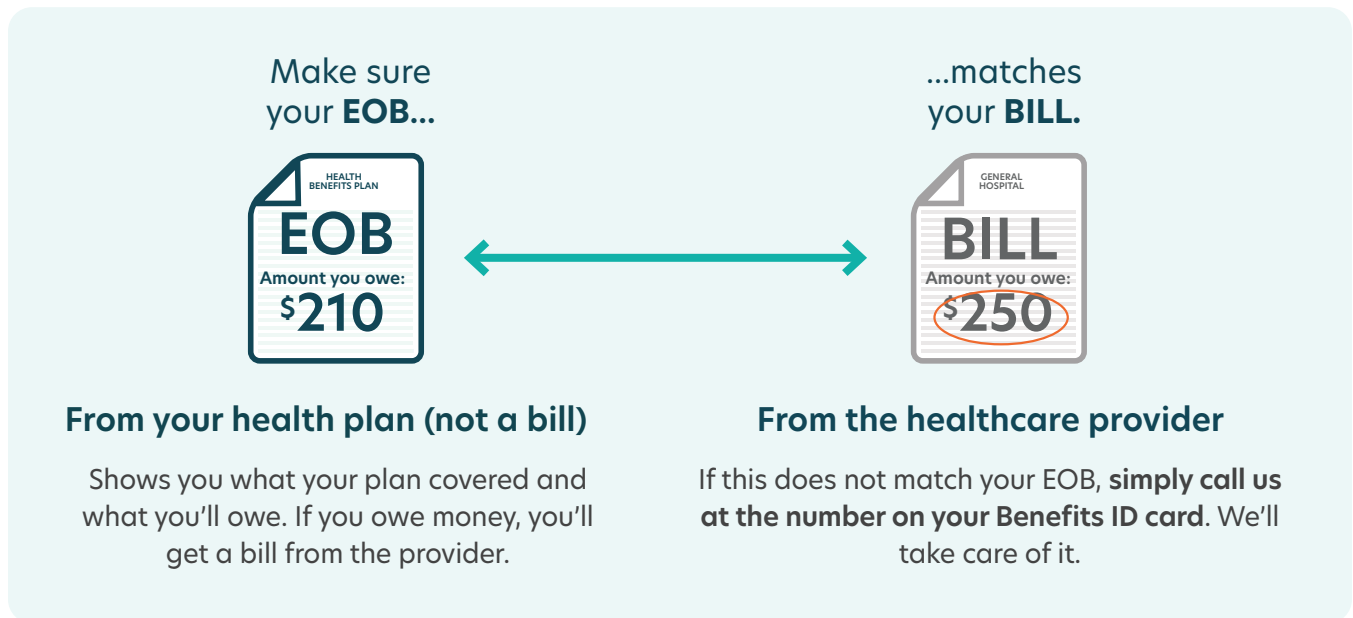
GENERAL HOSPITAL

CT Scan	\$2100
	\$500
Therapy Eval	\$330
Surgical Supp	\$312

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
 - **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.

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 Employee: JOHN SAMPLE ID: SMPL0001 Dependent: JANE SAMPLE Dependent: JIMMY SAMPLE
Medical Plan Network Access:	Member Services: For help finding providers, questions on claims, or information on your health plan: • Email: myplan@imagine360.com or • Call (888) 123-1234
Sample Network www.samplenetwork.com	

24/7 Online Plan Access: Register at mibenefits.imagine360.com

Dental Benefits – Mutual of Omaha

Network: Mutually Preferred

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

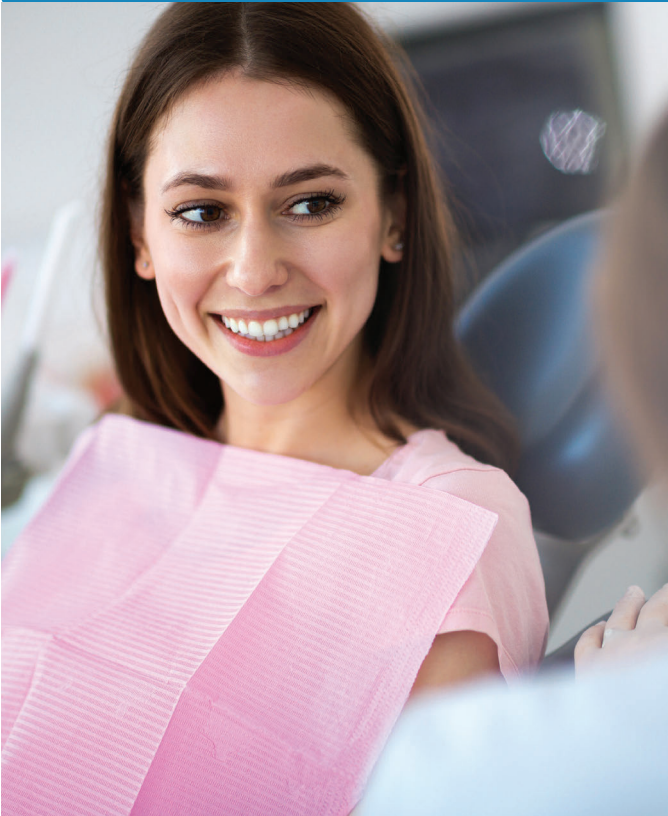
*The non-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.

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



Benefits Rollover

Available to all enrolled employees



How it Works

- Employees who have at least one cleaning and exam in a policy year but spend less than 50% of the policy year maximum benefit, can enjoy a higher max benefit amount in future years
- Employees can roll over 25% of the policy year maximum benefit dollars to the next year
- A higher max in future years makes the plan more valuable to keep in place
- Adjusted annual maximum can grow up to 2x the policy year maximum benefit
- Employees can track available max dollars through mutualofomaha.com/dental

Rollover benefit is administered automatically for all enrolled members.

Example 1:	Example 2:
<p>The member's plan has a \$1,000 annual maximum.</p> <p>During the plan year, the member has two cleanings and examinations and one set of X-rays for a total of \$200 in services.</p> <p>The member can rollover \$250, or 25% of the policy year maximum.</p>	<p>The member's plan has a \$1,000 annual maximum.</p> <p>During the plan year, the member has one cleaning and examination and two root canals for a total of \$900 in services.</p> <p>The employee is not eligible for rollover because they spent more than 50% of their policy year maximum.</p>

Note: Member must satisfy any benefit or late entrant waiting period to be eligible for max rollover. Not available with PreventiveEdge.®

An Added Bonus for Takeover Plans

The employer must provide a report from their current carrier showing each member's rollover amount.

Valued Employee
Benefits Partner



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

> Find a Provider

City of Ennis

It's Fast and Easy to Find a Dentist with
Our Online Provider Directory



With our dental insurance, you have complete freedom to select the dentist of your choice either in network* or out of network. However, you'll enjoy greater savings by selecting a dentist who is part of the network. The network currently has thousands of dentists nationwide, so chances are good there's a participating dentist near you.

1. Go to MutualofOmaha.com/dental
2. Under Resources, click on "View Member Portal" and select "Provider Quick Search"
3. Enter your ZIP code or address to find a provider near you
4. Optional search criteria include:
 - Specialty
 - Provider last name
 - Office name

If you have questions or need additional assistance during business hours, contact our service team at (800) 927-9197.

Vision Benefits – Mutual of Omaha

Network: EyeMed Insight

Vision Benefits		
	In-Network	Out-of-Network
Eye Exam Copay (every 12 months)*		
Routine / Comprehensive	\$10	Up to \$37 Reimbursement
Material Copay		
	\$10	\$10
Standard Lenses (every 12 months)*		
• Single Vision Lenses	\$10	Up to \$32 Reimbursement
• Bifocal Vision Lenses	\$10	Up to \$48 Reimbursement
• Trifocal Vision Lenses	\$10	Up to \$76 Reimbursement
• Lenticular Vision Lenses	\$10	Up to \$76 Reimbursement
• Standard Progressive Vision Lenses	\$65	Up to \$48 Reimbursement
Contact Lens - Elective (in lieu of lenses and frames)		
	\$150 allowance	Up to \$102 Reimbursement
Frames (every 24 months)*		
	\$150 allowance	Up to \$66 Reimbursement

*From date of service

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



Find a Vision Care Provider



Contact me for more information.

Our vision insurance product gives you and your clients access to an extensive network of providers that includes popular chain retailers such as Pearle Vision and Target, as well as thousands of independent providers.

We're here to help you easily navigate our expanding network of vision care providers.

Steps to Locating a Provider

- 1 Go to eyemedvisioncare.com/mutual
- 2 In the **Extensive Network** section, click on the **Find an eye doctor** link at the top of the page.
- 3 Enter a **ZIP code** or click on **Use My Location** to see providers in your area. You can also click **Advanced Search** for more options.
- 4 Click on **Get Results** to access the list of providers.

Extensive Options for Vision Care

With our vision network, your clients have access to care and services offering flexibility and savings.

98,600

Total in-network provider access points

25,600

Total in-network provider locations

We're committed to continually growing our network so your clients can receive care from the vision provider they prefer.



Valued Employee Benefits Partner



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Notes

IMPORTANT: The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary 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 Summary 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.