



2021 BENEFITS



McGowan
Brabender

HOW YOUR BENEFITS WORK

Open enrollment for the medical, dental, vision, and voluntary plans begins October 12th. The effective date for all changes will be **JANUARY 1, 2021**.

If you previously waived coverage and wish to enroll or if you wish to add or remove dependents on your plan, you must complete the appropriate carrier enrollment/change form.

DEPENDENT ELIGIBILITY

In accordance with the Patient Protection and Affordable Care Act, married or unmarried adult children that are the natural, adopted or step child of you or your spouse may be covered under your medical plan until the adult child attains age 26.

COPAYMENTS APPLY TOWARDS OUT-OF-POCKET MAXIMUM

In addition to medical deductibles and coinsurance, copays (medical & drug) will apply toward the out-of-pocket maximum.

MAKING CHANGES DURING THE YEAR

Please remember that the only time enrollment changes can be made outside of open enrollment is in the case of certain life events which would qualify you for a special enrollment period. Examples of such life events include but are not limited to: birth, adoption, death, and marriage. It is your responsibility to notify Human Resources of a qualifying event. The appropriate paperwork must be submitted within 30 days of the event.

Annual open enrollment changes must be submitted no later than

October 31st, 2020



YOUR MEDICAL PLANS COMPARED

SIMILARITIES

IN-NETWORK VS OUT-OF-NETWORK

Both the PPO and the HDHP will have the same network of doctors that are considered in-network versus out-of-network. Staying in-network for all services, providers, and facilities is imperative for you and your family to receive the richest benefit from your medical coverage.

PREVENTIVE CARE

You will see both plans also cover preventive care at 100% on the first day of your plan before satisfying your deductible. Examples of preventive care are:

- Well-child visits
- Annual checkups
- Age and Gender based screenings

FINDING A PROVIDER

To find a UnitedHealthcare Provider, visit **UHC.com**

WHERE TO SEEK CARE

It can sometimes be difficult deciding where to seek medical help for you and your family members. Going to the emergency room or calling 9-1-1 is always the best option when it's an emergency. If you need care, and it is not an emergency, here are alternative options:

1. Call your doctor
2. Visit a retail health clinic
3. Head to urgent care
4. Check in at Virtual Visits online

A list of local after hour clinics is located on page 18 of this booklet.

DIFFERENCES

HOW YOUR BENEFITS PAY ON PPO

If you are currently on the PPO plan, this option has more coverage from day one of the plan. This is called first dollar health coverage. You will have copays for different services as well as prescriptions before meeting your deductible, which apply directly to your out-of-pocket maximum. You will pay these copays and coinsurance until your medical and prescription out-of-pocket maximums are met.

HOW YOUR BENEFITS PAY ON HDHP

The High Deductible Health Plan will not have copays on the first day of the plan. You will start by paying the negotiated rate your carrier has with your providers for any services and prescriptions. You will pay this negotiated rate until you satisfy your deductible and out-of-pocket maximum. After this amount is satisfied, all services and prescriptions will be covered in full.

SURCHARGES

HEALTH SCREENING SURCHARGE

You must have a preventive screening completed before the plan year begins on 1/1/2021 or you will be subject to pay a \$50 monthly surcharge.

SPOUSAL SURCHARGE

If you carry your spouse on Montgomery County ESC's plan and they have access to other group health insurance through their employer, they will need to join their employer's health insurance and terminate Montgomery County ESC's or you will be subject to a \$100 monthly surcharge.

For any questions on either of these plans, please see your HR or call McGohan Brabender by using the phone number on the last page of this booklet.

***Only available for current PPO participants**

	In-Network	Out-of-Network
Calendar Year Deductible (resets every January 1st)	\$200 Individual \$400 Family	\$400 Individual \$800 Family
	Embedded Deductible	
Coinsurance (after Deductible)	Plan Pays: 80% You Pay: 20%	Plan Pays: 60% You Pay: 40%
Preventive Care	Covered at 100%	Benefits not available
Doctor Office Visit	\$25 Copay	Deductible & Coinsurance
Urgent Care	\$50 Copay	Deductible & Coinsurance
Emergency Room	\$100 Copay Copay waived if admitted	\$100 Copay
Inpatient Hospital	\$250 Copay	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Max Out-of-Pocket (Includes Ded., Copays, & Coins.)	\$2,800 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Retail - Prescription Drugs (30-day supply)	Tier 1: \$10 Tier 2: \$25 Tier 3: 35% (\$45 min-\$60 max)	Member Responsible for Network Copay and Difference in Prescription Cost
Mail Order - Prescription Drugs (90-day supply)	Tier 1: \$20 Tier 2: \$50 Tier 3: 35% (\$90 min-\$120 max)	Not Covered
Annual Drug Max Out-of-Pocket	\$3,000 Individual \$6,000 Family	

Coverage Type Non-Union & Union	Employee Pays (with screenings)	Board Pays	Total Monthly Premium
Employee	\$137.04	\$776.54	\$913.58
Employee + Child(ren)	\$337.68	\$1,350.70	\$1,688.38
Employee + Spouse	\$401.98	\$1,607.90	\$2,009.88
Employee + Family	\$564.59	\$2,258.35	\$2,822.94

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PPO SPECIALTY DRUG PROGRAM



*Only available for current PPO participants

PrudentRx Copay Program for Specialty Medications

Get Specialty Medications at No Cost to You

If you're taking specialty medications for a chronic or complex situation (like multiple sclerosis, rheumatoid arthritis or cancer), you know how costly they can be – and that the cost continues to rise. Because we want to make sure you can get the medications you need at an affordable cost, we're pleased to offer a new program that reduces your out-of-pocket cost for specialty medications to \$0.

Pay \$0 with The Prudent Rx Copay Program

We're working with PrudentRx to offer The PrudentRx Copay Program as part of your prescription benefit plan. To participate, all you need to do is enroll. You'll pay \$0 for any medications on the Specialty Drug List for as long as you're enrolled.

PrudentRx works with manufacturers to get copay card assistance for your medication. Once you get started, they'll manage enrollment and renewals on your behalf. But even if there's no copay card program available for your medication, your cost will be \$0 for as long as you are enrolled in the program.

Getting started is easy

If you take a specialty medication on the Specialty Drug List, call PrudentRx at 1-800-578-4403, Monday through Friday, from 8 a.m. to 8 p.m. EST to enroll – it only takes about 10 minutes. If they don't hear from you, a PrudentRx Advocate may give you a call. If you don't currently take a specialty medication, but your doctor prescribes one, you can enroll at any time. Participation is voluntary, but you will pay more for your specialty medications if you choose not to enroll in the program.

If you are taking a specialty medication, watch your mailbox for more information on The PrudentRx Copay Program and changes to your plan. If you have any questions, you can call PrudentRx at the number above.

	In-Network	Out-of-Network
Calendar Year Deductible (resets every January 1st)	\$2,800 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
	Embedded Deductible	
Coinsurance (after Deductible)	Plan Pays: 100% You Pay: 0%	Plan Pays: 80% You Pay: 20%
Preventive Care	Covered at 100%	Deductible & Coinsurance
Doctor Office Visit	100% After Deductible	Deductible & Coinsurance
Urgent Care	100% After Deductible	Deductible & Coinsurance
Emergency Room	100% After Deductible	Covered as Network Benefit
Inpatient Hospital	100% After Deductible	Deductible & Coinsurance
Outpatient Surgery	100% After Deductible	Deductible & Coinsurance
Retail - Prescription Drugs (30-day supply)	100% After Deductible	100% After Deductible
Mail Order - Prescription Drugs (90-day supply)	100% After Deductible	Not Covered
Max Out-of-Pocket (Includes Ded., Copays, & Coins.)	\$2,800 Individual \$5,000 Family	\$10,000 Individual \$20,000 Family

Coverage Type Non-Union & Union	Employee Pays (with screenings)	Board Pays	Total Monthly Premium
Employee	\$109.63	\$621.23	\$730.86
Employee + Child(ren)	\$268.96	\$1,075.84	\$1,344.80
Employee + Spouse	\$321.59	\$1,286.35	\$1,607.94
Employee + Family	\$450.21	\$1,800.87	\$2,251.08

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HSA OVERVIEW

HOW AN HSA WORKS

Montgomery County ESC offers a Health Savings Account to any employee enrolled in the High Deductible Health Plan and is eligible according to the IRS rules and regulations. This is a pre-tax savings account you can contribute money to directly from your paycheck. These savings can be spent on eligible expenses or saved until you need to use them. In 2020 the IRS has relaxed the list of eligible expenses to now include over-the-counter items such as, menstrual care, antacids, anti-inflammatories, etc. 100% of these funds roll over year to year, and they stay with you even if you make a career change. You will be responsible for tracking all receipts and expenses you use your HSA funds on for at least 7 years. If you are ever audited by the IRS you will need to show proof of your expenses and if deemed non-qualified, you could be subject to tax and a 20% penalty.

WHO IS ELIGIBLE FOR AN HSA?

Any Individual:

- Covered by a high deductible health plan
- Is NOT covered by any first dollar coverage
- Is NOT enrolled in Medicare, Medicaid, Tricare
- Is NOT claimed as a dependent on someone else's tax return

For a complete list of qualified and non-qualified expenses you can visit:

www.irs.gov/pub/irs-pdf/p502.pdf

MONTGOMERY COUNTY ESC HSA CONTRIBUTION

- ◆ \$1,400 for Employee Only
- ◆ \$2,500 for all others (Employee/Spouse, Employee/Child(ren), Family)
 - MCESC Contributions are distributed into your account twice a year:
 - First Pay in January
 - First Pay in July
 - MCESC will provide a hardship advancement when approved

2021 MAXIMUM HSA CONTRIBUTIONS PER CALENDAR YEAR

- ◆ 3,600 for Employee Only
- ◆ \$7,200 for all others (Employee/Spouse, Employee/Child(ren), Family)
- ◆ \$1,000 Catch up contributions for age 55+

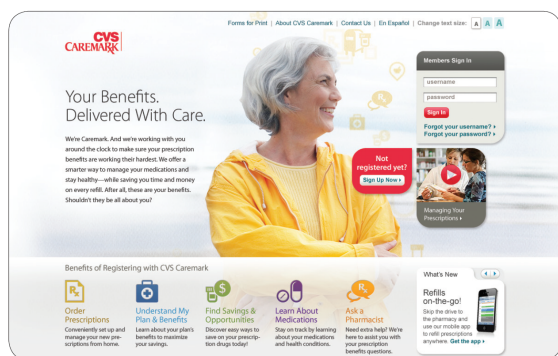
Maximums include any employer HSA contribution

Who is CVS Caremark?

CVS Caremark manages your prescription benefits on behalf of your employer or health care plan sponsor.

Our goal is to offer you convenient and affordable prescription options—many of which you can now choose online through our improved prescription benefits site.

Make sure you're getting as much as you can out of your prescription benefit plan, beginning with a secure personal online account at Caremark.com.



Set up your secure personal online account today at www.caremark.com

Getting started is easy at www.caremark.com

1. Have your prescription card handy (you will need your prescription benefit ID number)
2. Follow the online instructions to:
 - Enter your personal information
 - Set up your account security
 - Review your registration
3. Click **Submit**
You will then have 24/7 access to the facts, help and tools you need to make the most of your prescription benefit plan
If you have any questions about signing up, please call **1-877-460-7766**.

More convenience, more savings

We've simplified and enhanced Caremark.com to make things easier right from the start. With Caremark.com, you get 24/7 secure access to your important prescription benefit information so you can:



Order Prescriptions

Set up and manage your new prescriptions from anywhere, anytime. Simply enter your prescription information, choose pickup or delivery, and we'll take care of the rest.



Understand My Plan and Benefits

Knowing how your plan works is the first step to getting more out of your prescription benefits. For instance, we keep you informed about medication costs.



Find Savings and Opportunities

From using generic medicines to setting up mail service for long-term prescriptions, we'll help you find the right ways to save based on your plan and your prescriptions.



Learn About Medications

You'll find a database of medicines, drug interactions, generic alternatives and more. We also provide resources to help you manage your health and wellness.



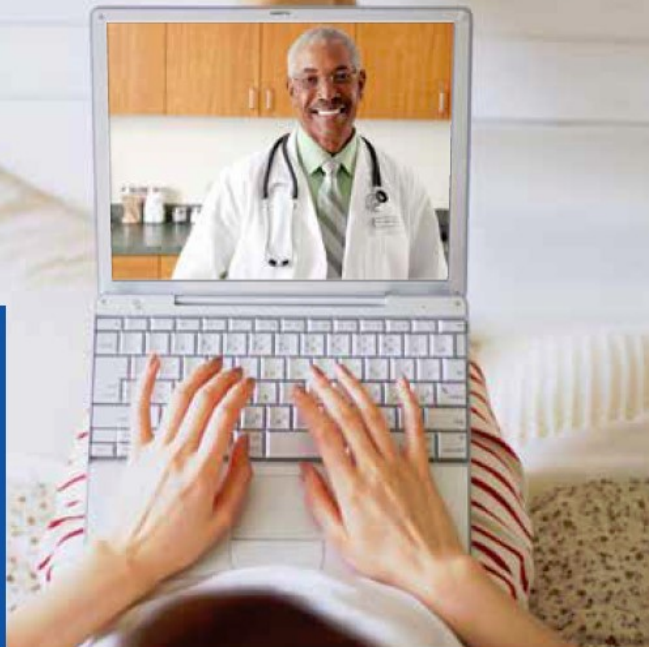
Ask-a-Pharmacist

Need extra help? Get confidential and reliable answers to your prescription and over-the-counter drug questions.



Virtual Visits

Get access to care online.
Any where. Any time.



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/
Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

Access virtual visits

Log in to **myuhc.com**® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.



To learn more, login to **myuhc.com**

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

* Prescription services may not be available in all states.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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PRESCRIPTION SAVINGS PROGRAM

If you have prescriptions and are looking for ways to save on costs, visit www.GoodRx.com or download the free GoodRx app to help save.

HOW IT WORKS

1. Type in your prescription name and press "Find the Lowest Price"
2. Browse and compare prices at your local pharmacies listed
3. Print the free coupon or pull up on the app on your phone
4. Show Pharmacist the coupon and save

Good Rx does not use your insurance. If you would like to have your out-of-pocket costs applied to your deductible, you must confirm your prescriptions are covered under the plan formulary, and submit your receipt directly to Anthem.

Forms are available by contacting HR.



KROGER Rx SAVINGS CLUB



Visit www.krogersc.com to start searching your prescriptions and see if this is the right membership Rx savings program for you and you family.

Join Kroger Rx Savings Club for access to exclusive prices

100+ common prescriptions for **FREE, \$3, or \$6**. Plus, save on 1,000+ generic prescriptions.

Individual membership for just **\$36 per year**. Family plan (up to **6 people**, including pets) is only **\$72 annually**.

Sign-up in only **2 minutes** and start saving with your membership immediately!

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
(multilingual)
- www.unum.com/lifebalance



*Turn to us, when you
don't know where to turn.*

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

DENTAL PLAN



Montgomery County ESC provides dental coverage through Delta Dental. Your dental plan is designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner. This dental benefit is contributory, which means you share the premium cost with your employer. While you have the freedom to choose any dentist, if you use a network provider you can take advantage of a higher level of benefits and discounted fees. You may also use your HSA or FSA to offset the cost of dental services.

Dependent children are eligible to stay on Montgomery County ESC's dental plan until the end of their 26th birth month.

	In-Network	Out-of-Network
Deductible	\$25 Individual \$50 Family	
Preventive	100%	100%
Basic	80%	80%
Major	60%	60%
Contract Period Maximum	\$1,500 per Individual	
Orthodontia	60%	60%
Orthodontia Maximum (Lifetime)	\$1,000 per Individual (Adult & Child)	
Benefit Period	Calendar Year	

To find a Delta Provider, visit deltadental.com
Network: PPO or Premier

Coverage Type	Employee Pays	Board Pays	Total Monthly Premium
Employee	\$5.89	\$23.57	\$29.46
Employee + Child(ren)	\$12.37	\$49.49	\$61.86
Employee + Spouse	\$12.40	\$49.60	\$62.00
Employee + Family (Non-Union)	\$17.09	\$68.35	\$85.44
Employee + Family (Union)	\$30.44	\$55.00	\$85.44

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VISION PLAN



Montgomery County ESC offers voluntary vision insurance through Vision Service Plan. You are responsible for the total cost of the coverage. You can use your HSA or FSA to offset the cost of vision services. You can receive benefits from any optometrist, ophthalmologist, or optician of your choice. However if you visit a network provider, your out-of-pocket costs will generally be lower than if you visit an out-of-network provider.

Dependent children are eligible to stay on Montgomery County ESC's Vision plan until the end of their 26th birth month.

	In-Network	Out-of-Network	Benefit Guidelines
Examinations	\$10 Copay	Up to \$50	Every 12 months
Frames	\$15 Copay, then \$150 Allowance 20% off remaining balance	Up to \$70	Every 12 months
Lenses Single Bifocal Trifocal	\$15 Copay \$15 Copay \$15 Copay	Up to \$50 Up to \$75 Up to \$100	Every 12 months
Contacts	\$130 Allowance 15% off remaining balance	Up to \$105	Every 12 months
Laser Correction Surgery	Discount		
Benefit Period	Date of Service		

To find a VSP Provider, visit vsp.com or call 800.877.7195
Network: VSP Signature



Coverage Type	Employee Pays (Monthly)
Employee	\$9.68
Employee + Family	\$22.64

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FLEXIBLE SPENDING ACCOUNTS

WHAT IS A GENERAL PURPOSE FSA?

A Flexible Spending Account (FSA) is a tax-free account you can use to pay for eligible medical, dental, vision, and hearing expenses.

HOW IT WORKS

During open enrollment each year, you decide how much your qualifying expenses will possibly be in the coming year. Based on your elections, contributions are made through payroll deductions into your Flexible Spending Account. These deposits are made on a tax-free basis. As expenses are incurred, you may request reimbursements from your account, which are also tax-free. As an added bonus, your FSA elections will be available for use on day one of the plan year.

Unlike the HSA, unused FSA funds do not carryover to the next year. It is a “use it or lose it” concept. It is generally recommended that your contributions be predictable expenses.

WHAT IS A LIMITED PURPOSE FSA?

An individual contributing to an HSA may not simultaneously have a General Purpose health FSA that reimburses out of pocket medical expenses. However, HSA owners can have a Limited FSA. If you are currently contributing to, or plan to contribute to an HSA, a Limited FSA might be just what you need.

The difference between a General Purpose health FSA and Limited Purpose FSA is the expenses that are eligible for reimbursement.

A Limited FSA only allows for reimbursement of dental, vision or post-deductible medical expenses.

WHAT IS A DEPENDENT CARE ACCOUNT?

This is a Work-Related Dependent Care Account. This account offers tax-free reimbursement for certain day care expenses incurred so that you and your spouse can work.

WHAT DO I NEED TO DO?

Sitting down with the decision makers of your household and deciding how much your estimated eligible expenses will be for the year will be a great way to save money through this account because it is a use it or lose it account. Once you have an amount you would like to contribute, fill out the correct paperwork and notify your HR department.



LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT

Montgomery County ESC offers Basic Life and AD&D insurance through Unum. Basic Life and AD&D is offered to all benefit eligible employees and is paid completely by Montgomery County ESC's Board.

BASIC LIFE/AD&D INSURANCE

100% paid for by Board

Employee: Flat \$60,000 benefit



HOW TO ENROLL

Medical, Dental, Vision, & Basic Life

STEPS...

1. <https://epc-online.benelogic.com>
2. First initial, last name and last 4 of SSN (Jdoe1234)
3. Last four digits of your SSN (1234)
4. Click "GO" on your home page and it will walk you through the process





Take advantage of your benefit!

Health care costs are rising, benefits can be confusing and finding the right care can be frustrating and time-consuming. Don't worry! Help has arrived. You now have a personal Health Pro® consultant ready to assist you and your family.

- **Understand your benefits**

Clear up any confusion about your health plan.

- **Find great doctors**

Locate highly-rated doctors, dentists and eye care professionals.

- **Save money on health care**

Compare prices and choose more cost-effective options.

- **Pay less for prescriptions**

Get recommendations for lower-cost medications.

- **Resolve billing errors**

Over 30% of medical bills are wrong. Don't overpay.

- **Schedule appointments**

Have your appointments scheduled at times most convenient for you.

MCESC Dedicated Compass Rep:

Erin Vardas

Phone: (800) 513-1667 x430

Email: erin.vardas@alight.com

After Hours Healthcare Options

Near You

CHOICE	A	B	C
Name	Minute Clinic	The Little Clinic of Ohio	MinuteClinic
Specialty Name	Urgent Care Center	Retail Clinic	Urgent Care Center
Location	710 N Main St Springboro, OH 45066	1095 S Main St Dayton, OH 45458	4996 Brandt Pike Dayton, OH 45424
Phone	(937) 748-1135	(937) 439-8622	(937) 233-3324
Office Hours	M, T, W, F 9:00 AM - 8:00 PM; SA 9:00 AM - 5:30 PM; SU 10:00 AM - 5:30 PM	M - F 8:30 - 7:30 PM	M, T, W, F 9:00 AM- 8:00 PM SA 9:00 AM- 5:30 PM SU 10:00 AM- 5:30 PM
Staff Rating 1 = cold 5 = warm	5	5	5
Website	Go To Site	Go To Site	Go To Site

CHOICE	D	E	F
Name	MinuteClinic	The Little Clinic	The Little Clinic
Specialty Name	Retail Clinic	Retail Clinic	Retail Clinic
Location	1331 N Fairfield Rd Dayton, OH 45432	3165 Dayton Xenia Rd Dayton, OH 45434	2115 E Dorothy Ln Kettering, OH 45420
Phone	(937) 426-4478	(937) 912-0525	(937) 610-9174
Office Hours	M, T, W, F 9:00 AM- 7:00 PM SA 9:00 AM- 4:30 PM SU 9:00 AM- 3:30 PM	M T W F 8:30 AM- 7:30 PM TH 8:30 AM- 4:00 PM SA 8:30 AM- 5:00 PM SU 9:30 AM- 5:00 PM	M - F 8:30 AM - 7:30 PM SA 8:30 AM - 5:00 PM SU 9:30 AM - 5:00 PM
Staff Rating 1 = cold 5 = warm	5	5	5
Website	Go To Site	Go To Site	Go To Site



McGOHAN BRABENDER ADVOCATE TEAM

*EXCEPTIONAL SERVICE IS PART OF OUR BRAND.
WE ARE GOOD, SMART PEOPLE FIGHTING FOR YOU.*

WHAT WE DO

At MB, advocacy is more than a department ... it's the foundation of our organization. Our knowledgeable problem-solvers are passionately committed to finding the right solution for every client, every time.

HOW IT WORKS

If you've contacted your physician or carrier and weren't satisfied with the response, our MB Advocate's are there to step in on your behalf. We have direct access to senior-level representatives at our carrier partners. We know how to get to the bottom of issues like:

Explanation of Benefit

Provider Billing Questions

Coordination of Benefits

Pre-authorization Help

Enrollment Status

For speedier resolution, have your insurance card, copies of any correspondence and details from conversations you may have had with the carrier or physician, including names and dates, EOB and bills.

CONTACT US

Our MB Advocates are ready to assist you

Monday-Friday, 8 a.m. to 5 p.m. EST

p: 937.260.4300 or 877.635.5372

f: 937.499.1160

e: mbadvocates@mcgohanbrabender.com





Additional Services at McGohan Brabender

For any questions throughout the year please feel free to contact your account team at McGohan Brabender. We can help you navigate and find any answers you may have. If you have a specific question and you would like guidance on where you can get answers for things such as billing issues, retirement benefits, financial help etc. See below for McGohan Brabender's contact information, as well as our partners we work closely with. All of these benefits are free for you to use.

CONCERNING	WHO	PHONE	E-MAIL/WEBSITE
General Questions	McGohan Brabender	(937) 293-1600	www.mcgothanbrabender.com
Claims/Billing/ Benefits Questions	McGohan Brabender Advocates Team	(937) 260-4300 or (877) 635-5372	mbadvocates@mcgothanbrabender.com
Individual Coverage	Cornerstone Broker	Visit: www.mcgothanbrabender.com Click on the "Service Menu" Click "Individual Medical and RetireMed IQ" Click "Request Ticket"	
Retirement Benefits	RetireMEDiQ	1 (866) 600-4266	www.retiremed.com/MB
Financial Assistance	Everhart Advisors	(800) 293-2347	info@mcgothanbrabender.com



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