



McGohan **Brabender**



HOW YOUR BENEFITS WORK

The effective date for all changes will be **JANUARY 1, 2023**.

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.

Look for more details regarding your **open enrollment** coming soon



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. The out-of-network coverage is based on the allowable amount applicable for the same service that would be rendered by a network provider and you may be balance billed for anything over this amount.

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 an urgent care facility
- 4. Check in at Virtual Visits online

A list of local after hour clinics is located on page 19 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 1/1/2023 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.

UnitedHealthcare

PPO Medical/Rx Option

*Only available for current PPO participants

,	In-Network Out-of-Network		
Calendar Year Deductible	\$200 Individual \$400 Family	\$400 Individual \$800 Family	
(resets every January 1st)	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 & Co		
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	\$157.63	\$893.22	\$1,050.85
Employee + Child(ren)	\$388.41	\$1,553.65	\$1,942.06
Employee + Spouse	\$462.37	\$1,849.49	\$2,311.86
Employee + Family	\$649.42	\$2,597.67	\$3,247.09

<u>Disclaimer</u>



*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.

UnitedHealthcare

HSA Medical/Rx Option

	In-Network	Out-of-Network
Calendar Year Deductible	\$3,000 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
(resets every January 1st)	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.)	s.) \$3,000 Individual \$10,000 Individ \$5,000 Family \$20,000 Family	

Coverage Type Non-Union & Union	Employee Pays (with screenings)	Board Pays	Total Monthly Premium
Employee	\$125.51	\$711.23	\$836.74
Employee + Child(ren)	\$307.93	\$1,231.70	\$1,539.63
Employee + Spouse	\$368.18	\$1,472.71	\$1,840.89
Employee + Family	\$515.44	\$2,061.77	\$2,577.21

<u>Disclaimer</u>

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

2023 MAXIMUM HSA CONTRIBUTIONS PER CALENDAR YEAR

- 3,850 for Employee Only
- \$7,750 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.

personal online account at Caremark.com.

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



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



With Virtual Visits, it's easy to video chat with a doctor 24/7 — whenever, wherever.

Whether you're at work, home, traveling, you name it—a Virtual Visit lets you talk with a doctor by video 24/7. If needed, a Virtual Visit doctor can treat and prescribe* medication for everyday illnesses like the flu, sinus infections, a cough and more.

And, with a UnitedHealthcare plan, your cost is \$50 or less.

To get started sign in at **myuhc.com/virtualvisits** or download the UnitedHealthcare[®] app.

In addition to all of the great things you can do on **myuhc.com®** or the UnitedHealthcare app, you can now talk to a doctor as well. There are no additional accounts to set up or apps to download.

Quality care when and where you need it.

Use a Virtual Visit for everyday medical conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more



Virtual Visits may save you time and money.

An estimated 25% of ER visits could be treated with a Virtual Visit —bringing a potential \$1,700 cost down to just \$50.* * *

KHN ON-DEMAND CARE CENTER



On-Demand Care Getting you back to feeling your best

You can't predict a fever or an ankle sprain. And when life's surprises happen, you still want care you trust to help you feel your best.

Care designed to fit into your day Extended hours-evenings and weekends

Get back to work and life faster Office visit, lab, and X-ray all in the same location

Your time is valuable Save your spot online

Experience quality care at an affordable rate Primary care office co-pay

CONDITIONS TREATED

- Allergies, colds, coughs, sinuses, and flu
- Asthma attacks & wheezing
- Mild animal or insect bites
- · Fevers, headaches, and rashes
- Bronchitis and respiratory infection
- Minor cuts
- Dehydration

- Diarrhea and vomiting
- Earache or ear infection
- Headache and migraine
- Pink eye
- Sore throat, laryngitis, and strep
- Sunburn and minor burns
- Sprains and strains
- Urinary tract infection (UTIs)

Springboro Health Center 825 N. Main St.

Centerville 101 E. Alex Bell Rd.

Four locations to serve you: terville Washington Township

1028 Miamisburg-Centerville Rd.

Kettering - Opens June 9 424 E. Stroop Rd.

Walk in today or check in online

ketteringhealth.org/ondemand Weekdays 9 a.m.- 7 p.m. • Weekends 8 a.m.-4 p.m.

KetteringHEALTH

GOODRx



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 up 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 UHC.



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.



EmployeeCare Program

As a leading company in the Miami Valley area, you know that finding and retaining top quality associates is important to your business' bottom line. Developing and offering a comprehensive benefits package helps you reach this goal. Also, by adding an Employee Assistance Program (EAP) to the care and services you extend to your employees, you are ensuring they have all the tools and resources available to do their best at work. EmployeeCare can help you get there.

Where Employees Go For Help

For an employee to be at his or her professional best, they must be able to manage the life issues they face. Too many times, employees experience difficulties in their work and personal lives that ultimately negatively impact their job performance. Where can they go for help? EmployeeCare is a comprehensive counseling service offered to employees, through their employers, to assist with short term counseling services. The services are designed to help the employee sort out feelings and resolve personal or work problems.

EmployeeCare supports employees issues with:

- Family problems
- · Couple or marital problems
- · Work-related problems
- · Emotional problems (anxiety or depression)
- · Financial worries
- · Alcohol and/or drug abuse
- Stress management/conflict resolution

Our services include:

- Short-term counseling
- 24-hour crisis hotline
- · Assessment and referral
- Onsite services
 - Wellness seminars
 - Manager training
 - BWC Drug Free workplace training for supervisors and employees
 - Critical incident debriefing
 - Employee orientation

All information shared by employees is kept strictly confidential. To ensure a robust resource to help with issues affecting the family, EmployeeCare is available not only to the employee, but anyone living in their household.

Accredited Counselors

EmployeeCare provides counseling, referral and follow-up by licensed professional counselors, certified employee assistance professionals, substance abuse professionals and licensed independent chemical dependency counselors.

To ensure full support of the greatest resource of your company – your employees – take advantage of EmployeeCare today. Call Brenda Moore, Program Manager, at **(937) 208-6626** for a presentation on how we can help.

EmployeeCare

3170 Kettering Blvd., Bldg. B Dayton, Ohio 45439

Appointments:

Monday - Friday (evening appointments available) (937) 208-6626 (800) 628-9343

24-hour crisis line: (937) 208-6626 (800) 628-9343

Locations: Centerville Dayton

Eaton

Greenville Springboro Troy





F-C-MKT62209-8/16

DENTAL PLAN

心 DELTA DENTAL®

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. The out-of-network coverage is based on the allowable amount applicable for the same service that would be rendered by a network provider and you may be balance billed for anything over this amount.

	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	\$1,000 per Individual	
(Lifetime)	(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	\$6.10	\$24.40	\$30.50
Employee + Child(ren)	\$12.81	\$51.23	\$64.04
Employee + Spouse\$12.84		\$51.35	\$64.19
Employee + Family (Non-Union)	51769		\$88.46
Employee + Family (Union)	\$33.46	\$55.00	\$88.46

<u>Disclaimer</u>

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	\$9.87
Employee + Family	\$23.09

Disclaimer

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 Securian Financial. 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 Alight Rep:

Sara Ratnasingam Phone: (469) 807-3285 x 2952 Email: sara.ratnasingam@alight.com

After Hours Healthcare Options Near You

CHOICE	А	В	С
Name	Minute Clinic	The Little Clinic of Ohio	MinuteClinic
Specialty Name	Urgent Care Center	Retail Clinic	Urgent Care Center
Location	710 N Main St	1095 S Main St	4996 Brandt Pike
LOCCHION	Springboro, OH 45066	Dayton, OH 45458	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	<u>Go To Site</u>	<u>Go To Site</u>	<u>Go To Site</u>

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	<u>Go To Site</u>	<u>Go To Site</u>	<u>Go To Site</u>

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





<u>Disclaimer</u>