



2023 Health Insurance Overview

BCBS

Primary Health

SECONDARYMED.
Chubb Insurance

RECURO
HEALTH
MD Treatment 24/7
\$0 Copay/ Unlimited

Guardian
Dental & Vision

BCBS Health Insurance

 **SECONDARY MED.** Secondary Health

 **RECURO** Physicians That Treat with Rx 24/7 - \$0 Copay
HEALTH

 **Guardian®** Voluntary Dental Insurance

 **Guardian®** Voluntary Vision Insurance



Life Insurance - Employer Paid

Long Term Disability - Employer Paid

Voluntary Life Insurance

Voluntary Short-Term Disability

Voluntary Accident Insurance

Voluntary Critical Illness & Cancer



\$500 CYD \$6,000 Inpatient / Outpatient

Pays Out-of-Pocket Costs

- Pays Calendar Year Deductible
- Pays Members Co-Insurance
- Pays Emergency Room Cost
- Pays Outpatient Physician & Facility Costs
- Pays Inpatient Physician & Facility Costs
- Pays Labs, Pathology & Diagnostic Tests
- Pays Ambulance, DME, Chiropractic Services & PT
- Pays Mental Nervous & Substance Abuse

Non-Covered Services

- Excludes Office Copay & Rx Pharmacy Copay
- Excludes Preventive & Elective Medical Procedures
- Excludes Home Healthcare Treatments

Covers Pre-Existing Conditions

&

Provider Files Claims

www.SecondaryMed.com

(800) 239-3503

Primary + Secondary Health Insurance



MVP Low

Premier + Alliance




DEDUCTIBLES & OUT OF POCKET MAXIMUM

Secondary Not Available

CYD - Calendar Year Deductible	\$4,000 Single / \$8,000 Family	\$5,000 Single / \$10,000 Family	\$500 Single / \$1,000 Family
Coinsurance after CYD	40% to \$2,500/BCBS 60%	40% to \$2,500 / BCBS 60%	\$6,000 Single / \$12,000 Family
OPM - Out of Pocket Maximum	\$6,500 Single / \$13,000 Family	\$7,500 Single / \$15,000 Family	\$1,500 Single / \$3,000 Family
Cost after CYD & OPM have been met	BCBS Pays 100%	BCBS Pays 100%	(EE Pays Office & Rx Copays Until OPM)

PHYSICIAN & RX CO-PAYS

Preventive / Wellness	BCBS Pays 100%	BCBS Pays 100%	BCBS Pays Preventive
Primary / Specialist Physician Copay	\$4,000 CYD then 40% to \$2,500	\$40 / \$60 - Applies OPM	Employee Pays Office Copay
Physician Benefits: Labs, Xrays, Pathology, IV Therapy, Dialysis, Chemotherapy, Radiation	\$4,000 CYD then 40% to \$2,500	100% Coverage	BCBS Pays Provider Services in MD's Office
Physician Office- Surgery & Anesthesia	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
 Physician Treatment 24/7	N/A	\$0 Copay - Unlimited Consults	MD's That Treat Via Phone with Rx
Prescription Drug Benefits: Tier 1, 2, 3, 4 Rx Network & Formulary	\$4,000 CYD - \$15 / \$50 / \$100 Value One Source 1.0	\$15 / \$60 / \$125 / \$395 - Applies OPM Value One Source 1.0	Employee Pays Rx Copay

INPATIENT HOSPITAL FACILITY & PHYSICIAN CHARGES

Inpatient Hospital	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
Inpatient Hospital - Physician Services	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max

OUTPATIENT FACILITY & PHYSICIAN CHARGES

Emergency Room + Physician	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
Outpatient Surgical & Ambulatory Centers	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
Outpatient Physician- Surgery & Anesthesia	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
Outpatient - Labs & Pathology	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
Outpatient Diagnostic - PET/SPECT, ERCP, Cardiac Cath, Colonoscopy, Endoscopy	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
Home Health & Hospice	\$4,000 CYD then 40% to \$2,500	100% Coverage	BCBS Pays Provider

MAJOR MEDICAL SERVICES - OTHER COVERED SERVICES

Ambulance, PT, ST, Allergy Benefits, DME, Chiropractor	\$4,000 CYD then 40% to \$2,500	\$5,000 CYD then 40% to \$2,500	\$500 CYD - SecondaryMed Pays \$6,000 Max
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Treatment must be performed in licensed facility by MD, DO or DC



BCBS

BCBS

SECONDARYMED.

MVP Low	Premier + Alliance	\$500 CYD \$6,000 In / Out
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Ex 1: Normal Baby Delivery (2 Day Stay)

	<u>Member Paid</u>	<u>Member Paid</u>	<u>SecondaryMed Paid</u>
Inpatient Facility: Allowed Charges - \$2,000	\$2,000 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$500 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$1,500
Inpatient Physician: Allowed Charges - \$3,700	\$2,680 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$0 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$3,280
Total Out-of-Pocket Expense To Member:	<u>\$4,680</u>	<u>\$500</u>	<u>\$4,780</u>

Ex 2: Outpatient Surgery (Torn ACL)

Outpatient Facility: Allowed Charges - \$1,000	\$1,000 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$500 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$500
Outpatient Physician: Allowed Charges - \$3,400	\$3,160 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$0 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$3,400
Physical Therapy (6 Visits) - \$1,500	\$600 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$0 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$960
Total Out-of-Pocket Expense to Member:	<u>\$4,760</u>	<u>\$500</u>	<u>\$4,860</u>

Ex 3: Durable Medical Equipment (DME)

DME C-Pap Machine: Allowed Charges - \$3,000	\$3,000 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$500 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$2,500
Total Out-of-Pocket Expense to Member:	<u>\$3,000</u>	<u>\$500</u>	<u>\$2,500</u>

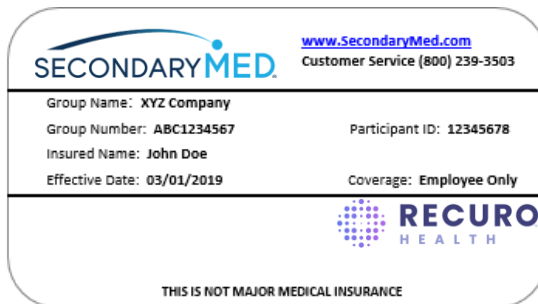
Ex 4: Car Accident (1 Month in Coma)

Ambulance Allowed Charges: \$2,500	\$2,500 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$500 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$2,000
Inpatient Facility: Allowed Charges: \$60,000	\$4,000 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$1,000 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$4,000
Inpatient Physician: Allowed Charges: \$30,000	\$0 <small>(\$4,000 CYD then 40% to \$2,500)</small>	\$0 <small>(\$5,000 CYD then 40% to \$2,500)</small>	\$0
Total Out-of-Pocket Expense to Member:	<u>\$6,500</u>	<u>\$1,500</u>	<u>\$6,000</u>

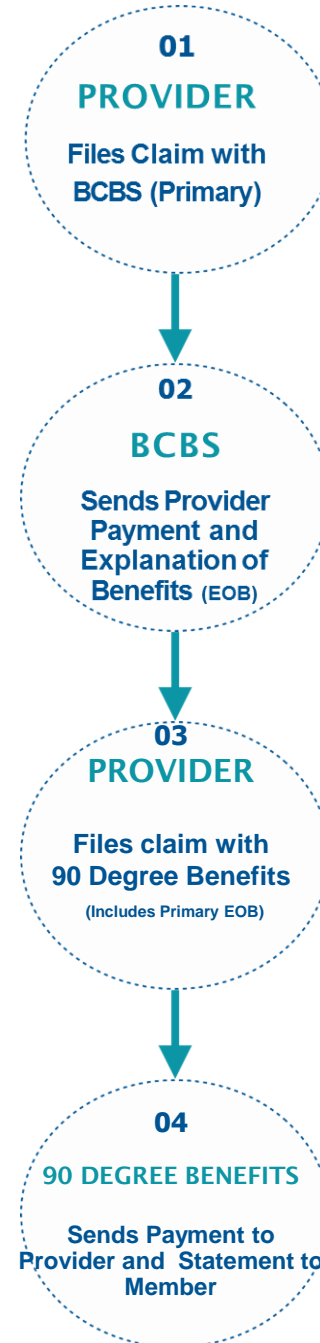
BCBS - Primary



SecondaryMed



Medical Claims Submission	Utilization
<p>Provider Verifying Coverage: 800-239-3303</p> <p>Submit Claims To: 2810 Premiere Parkway, Suite 400 Duluth, GA 30097</p> <p>EDI Claims Submission: Clearing House: ChangeHealthcare</p> <p>Provider Must Include: *Itemized Bill or HCFA Form *Primary Carrier EOB</p>	<p>Pays up to the selected maximum benefit per member per calendar year for eligible services due to an injury or sickness that is incurred after the Effective Date. Plan requires that the insured Person's Major Medical/Comprehensive Policy covers the expense.</p> <p>Benefits may be limited to the deductible co-payment of co-insurance amount the insured is required to pay under their Major Medical/Comprehensive Policy, subject to provisions, limitations and exclusions of the policy.</p>



Care Services

Virtual Urgent Care

Getting Started

\$0

Copay



Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...

Activate

01

Access your Recuro Care benefit by:
Mobile App: [Android](#) or [Apple](#)
Phone: 1.855.673.2876
Online: member.recurohealth.com

Create Login

02

Create your login credentials by entering your email, name, and date of birth, then create your username and password.

Request a Consult

03

You're now ready to request a consult with a Doctor.



Activate Now

Scan here or search for "Recuro Care" in your app store.

Or visit:

["member.recurohealth.com"](http://member.recurohealth.com)



2023-2024 Employee Deductions



	MVP Low Weekly (48 Deductions)	MVP Low Semi-Monthly (24 Deductions)	Premier + SECONDARY MED. Weekly (48 Deductions)	Premier + SECONDARY MED. Semi-Monthly (24 Deductions)
Employee	\$25.48	\$50.97	\$68.58	\$137.16
Employee + Spouse	\$110.15	\$220.29	\$152.37	\$304.75
Employee + Children	\$81.90	\$163.80	\$112.38	\$224.75
Family	\$156.60	\$313.20	\$229.24	\$458.48

Benefit Description	Fee Schedule Re-Imbursement	90% UCR
Deductibles and Maximums		
Annual Deductible	\$0 Deductible In-Network	\$50.00 (3 per family) Waived For Preventive
Covered Services	In-Network	Out-of Network
Preventive Care (cleanings, X-rays, fluoride treatments)	100%	100%
Basic Services (fillings, root canal, denture repair, periodontics, extractions, oral cancer screening)	90%	80%
Major Services (bridges, dentures, crowns, inlays, onlays)	60%	50%
Annual Maximum Benefit with Maximum Rollover		
Annual Calendar Year Benefit	\$1,500	\$1,500
Rollover Benefit (\$700 Threshold with \$1,250 CAP)	\$500	\$350
Type Coverage	<u>Weekly</u> (48 Deductions)	<u>Semi-Monthly</u> (24 Deductions)
Employee	\$6.97	\$13.93
Employee + Spouse	\$16.52	\$33.04
Employee + Child(ren)	\$16.02	\$32.05
Family <small>*Children Covered to Age 26</small>	\$20.45	\$40.91

Exam \$10 co-payment Materials \$25 co-payment		
Plan Benefits	In-Network	Out-of-Network
Benefit Period	Calendar Year	
What You Pay (after copay)		
Eye Exam (once every calendar year)	Covered in Full	\$50.00 Maximum
Prescription Lenses (once every calendar year)		
Single Vision Lenses	Covered in Full	\$48.00 Maximum
Lined Bifocal Vision Lenses	Covered in Full	\$67.00 Maximum
Lined Trifocal Vision Lenses	Covered in Full	\$86.00 Maximum
Lenticular Lenses	Covered in Full	\$126.00 Maximum
Frames (every other calendar year)	\$130.00 Retail Allowance + 20% off balance after copay	\$48.00 Maximum
Contacts (in lieu of glasses)		
Medically Necessary	Covered in Full	\$210.00 Maximum
Elective	\$130.00 Maximum (copay waived)	\$105.00 Maximum (copay waived)
Type Coverage	Weekly (48 Deductions)	Semi-Monthly (24 Deductions)
Employee	\$1.62	\$3.24
Employee + Spouse	\$2.72	\$5.44
Employee + Child(ren)	\$2.77	\$5.55
Family	\$4.39	\$8.78



Life / AD&D

Death Benefit

Accidental Death & Dismemberment

Employer Paid

\$50,000

\$50,000

Long Term Disability

Salary Replacement Percentage

Maximum Monthly Benefit

Definition of Disability

When Benefits Begin

Benefit Duration

Employer Paid

50%

\$5,000

2 Year Regular Occupation

91st Day of Disability

5 Years Graded By Age When Disabled

Voluntary Life Insurance

Employee-Purchase up to \$250,000

Spouse-100% of Employee Amount (\$50,000 Max)

Children-\$10,000 Maximum Benefit

Guarantee

\$250,000

\$50,000

\$10,000

Voluntary Short Term Disability

Salary Replacement Percentage

Maximum Weekly Benefit

Coverage

When Benefits Begin

Benefit Duration

Employee Paid

50%

\$600

Non-Occupational

8th Day Accident / Sickness

12 Weeks

Voluntary Accident Insurance

Employee Paid

Voluntary Critical Illness & Cancer Insurance

Employee Paid