



# 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 Health



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



Voluntary Dental Insurance



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](http://www.SecondaryMed.com)**

**(800) 239-3503**

# Primary + Secondary Health Insurance



MVP Low

Premier + Alliance




## DEDUCTIBLES & OUT OF POCKET MAXIMUM

Secondary Not Available

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

## PHYSICIAN & RX CO-PAYS

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

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

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

## MAJOR MEDICAL SERVICES - OTHER COVERED SERVICES

<b>Ambulance. PT, ST, Allergy Benefits, DME, Chiropractor</b>	\$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


**LONG-LEWIS™**
**BCBS**
**BCBS**
**SECONDARYMED.**
**MVP Low**
**Premier + Alliance**
**\$500 CYD  
\$6,000  
In / Out**
**Ex 1: Normal Baby Delivery (2 Day Stay)**
**Member Paid**
**Member Paid**
**SecondaryMed Paid**

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

**Ex 2: Outpatient Surgery (Torn ACL)**

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

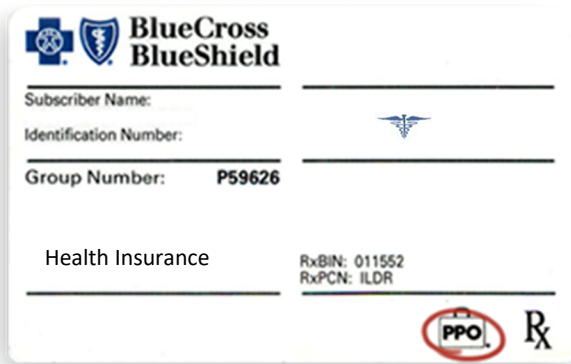
**Ex 3: Durable Medical Equipment (DME)**

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

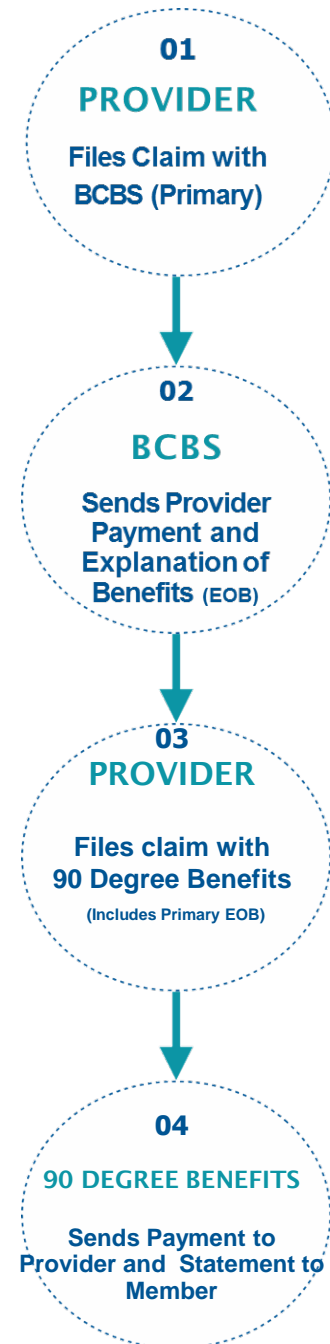
**Ex 4: Car Accident (1 Month in Coma)**

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

# BCBS - Primary



# SecondaryMed



Care Services

# Virtual Urgent Care

Getting Started

**\$0**  
Copay

## Activate

01

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

## Example Conditions Treated

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



### Activate Now

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

Or visit:

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



[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | 855.6RECURO | Scan QR Code to Download





## 2023-2024 Employee Deductions

	<b>MVP Low</b> Weekly (48 Deductions)	<b>MVP Low</b> Semi-Monthly (24 Deductions)	<b>Premier +</b> SECONDARY MED. Weekly (48 Deductions)	<b>Premier +</b> 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	Weekly (48 Deductions)	Semi-Monthly (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**