



PREFERRED MEDICAL PLAN FAQs

Q: What is the doctor's office visit co-pay and what does it cover?

The \$30 co-pay is for the office visit (consultation); all other services (lab work, x-rays, minor surgery, etc) provided during an office visit may be subject to the deductible and coinsurance, except when using the Integrative Preferred Professional benefit (see Medical Plan Summary for more details about this benefit).

Q: Is Chiropractic, Acupuncture, and/or Alternative care covered?

Yes, this plan provides 12 visits under the alternative Care Practitioner coverage. The maximum payment is \$35 per visit.

Q: When does in/out of network apply?

In and out of network provisions apply in most cases, except the office visit for medical. In some cases there's no difference in the benefit for out-of-network services, however, using an in-network provider ensures that you have the least out-of-pocket costs. Refer to the plan summary and network listing by state for more information.

Q: Do I still have medical coverage if I am not working?

If an employee ceases to work due to sickness, lay-off, or leave of absence, coverage may be continued at the option of the employer up to 60 days from the end of the month you had a qualified leave of absence. After this period an employee should be able to elect COBRA coverage.

Q: How do I find out what a procedure will cost me?

For prescription benefits of \$400 or more and/or for any high cost medical procedures we recommend you get a predetermination of benefits or an estimate of the reasonable and customary cost by the medical CPT code. Also, there are medical pre-certification requirements listed on the plan summary and/or your ID card. Call the Employers Resource Benefits Department at 866-214-9506 (toll free) for more information.

Q: How do I find out if a prescription medication is covered on my plan?

Go to the Employers Resource website www.employersresource.com and select EMPLOYEE CENTER then the BENEFITS tab. Click on PRESCRIPTION DRUGS to identify the prescription exclusions and formulary.

Q: I know wellness and prevention are good for me, but why include this in my plan?

We want to focus our resources on causes NOT symptoms to be able to get you and your employer the biggest bang for your return on the health dollar. Unless you know your health risks you can't manage or mitigate them! By focusing on prevention and wellness we can start to get a better handle on health care in America and the skyrocketing costs associated with it. Review the wellness benefits under this plan as they have been enhanced for 2010.

Q: I don't understand the Treatment Excellence Centers/Review process? Why is this part of my plan?

Employers Resource's largest non-emergency related medical claims involve procedures found to be unnecessary or provided by facilities not known to have quality outcomes for specific procedures. We have developed a partnership with some of the best physicians/centers in the nation who will review recommendations for surgery for these targeted conditions: hip, back and knee surgery, breast and prostate cancer, and gall bladder surgery. If the official Treatment Excellence opinion validates the treatment plan prescribed by your doctor then coverage is at 100% in-network (70% out of network). If it differs from the treatment plan prescribed by your doctor and the Treatment Excellence provider IS used then coverage is at 100%. If the Treatment Excellence opinion differs from the treatment plan prescribed by your doctor and the Treatment Excellence provider IS NOT used then coverage is up to 50%. Make sure if you plan to have treatment for one of these targeted conditions that you pre-certify treatment and even better, call Employers Resource (866) 214-9506 at the first sign of health issues that relate to these conditions so you can get immediate assistance and understand how to access the best care for these conditions.

Q. Will Employers Resource pay for my supplements and vitamins?

Yes. Employers Resource will reimburse 80% of the cost of supplements up to a calendar year maximum of \$250 (per year, per covered member/dependent) enrolled in an Employers Resource Benefit Trust Preferred, Deluxe, Sensible or Sensible Basic health plans. For more information view the Supplements FAQs on the Employers Resource medical plans pages of the website.

Q. What is the Integrative Preferred Professional service?

This is a list of Integrative Professionals nationwide that practice integrative medicine (the best of traditional allopathic care along with alternative care). These are top professionals in their field who we have researched to be part of our self-funded plan network. They focus on causes versus symptoms and believe wellness and prevention is the foundation of medical care. We are encouraging people to use the medical professional who best meets their needs and in that review process we encourage people to review this list of integrative professionals at: www.myhealthroadmapallstarlist.com. The list continues to grow and if you have someone to recommend let us know. We have arranged with these providers to charge only a \$5.00 copay for the office visit consultation and routine wellness labwork if done in the professionals office. While many of these providers will accept the \$5 co-pay and submit the balance for payment through P5 Health Plan Solutions, some may require the entire payment for the visit. If your provider requires the entire payment, P5 will reimburse covered expenses to you less the \$5 co-pay. Other services like labwork sent out for handling and other services would be covered by either the "wellness" portion of the medical plan (no deductible and 100% coverage) or under "other covered services" subject to the deductible and coinsurance. All services are subject to plan provisions in terms of whether they are covered or not.

Q. How do I tap into the Diabetes Education benefit?

This is a special benefit of up to \$500 per year for educational materials, treatment reviews via mail/over the phone and special supplements. The benefit is only provided through the Whitaker Wellness Institute, which is a Diabetes Treatment Excellence Center we have identified. If you utilize another center, the benefit is reduced. See the plan summary for further details and call 866-214-9506 for further details on how this program works.

Q. What is the "My Health Toolbox" aspect of this plan?

Focusing on wellness and prevention the new "My Health Toolbox" program is provided once each calendar year to employees and spouses covered under this medical plan. This program helps employees and employers identify, mitigate and manage their health risks using a combination of groundbreaking wellness resources:

- Employees take pH, blood and body biometric tests, then the information is integrated into a Comprehensive health risk assessment, which can be completed online or via hard copy.
- Employees then receive an in-depth report about their health status, and what's needed to reduce and eliminate current and potential health risks.
- Employers receive general, aggregate information about their employees' health risks to target health programs and communications - all done without seeing nor accessing personal employee health information.
- Employers then host a one-hour "Lunch and Learn" featuring a local licensed integrative medical expert who is on-site to answers questions about wellness, prevention, blood results and employee health risks.

Q: Where do I find information about filing a claim?

You can access the medical claim form and other benefit-related information and forms at www.employersresource.com. Select EMPLOYEE CENTER then EMPLOYEE FORMS.

Q: I received my prescription card, but not the medical. Where is my Medical ID card?

The ID card for our self-funded medical plans serves both the medical and prescription plans. Cards are issued in late December to enrollees or prior to your eligibility date, if a new employee.