



# Benefits Guide

January 1, 2024 – December 31, 2024



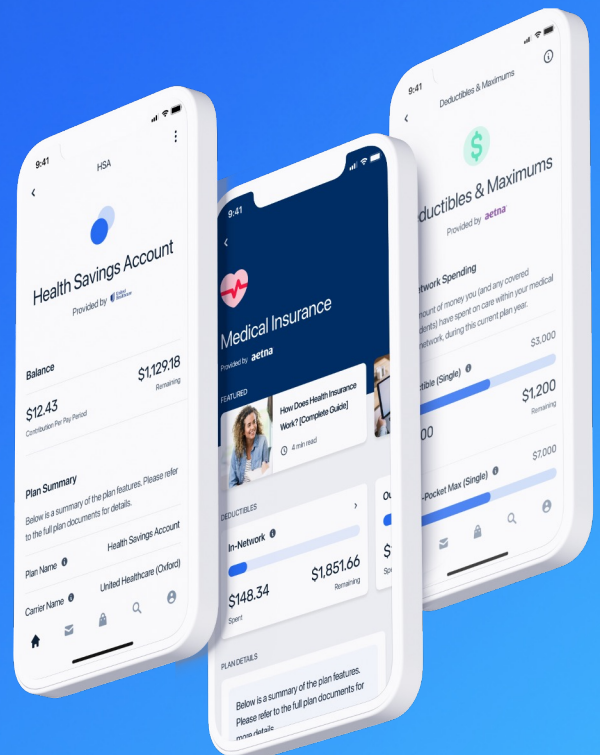
Benefits Brought to You By

**Bennie** BETTER BENEFITS



## Section 1

# Eligibility Requirements & Deadlines





## Initial Eligibility



### Who is Eligible for Health Benefits?

Employees who work a minimum of 30 hours per week are eligible for health benefits as described in this booklet.



### When Do Benefits Become Effective?

For newly hired or newly-eligible employees, benefits begin on your date of hire.



### What are the Enrollment Deadlines?

For newly hired employees or for those who become newly eligible during the plan year, you must enroll no later than 30 days after your date of hire or the date of your change in eligibility status.



### Can I Cover my Dependents?

Your legal spouse, domestic partner, and/or legal children are eligible as dependents on the company's benefit plans.



### Termination Provisions

If you are no longer employed by **Ramp**, your benefits end at the end of the month you last worked. For additional information on continuing your coverage under COBRA, please reference your COBRA rights in the notices section of this document.



## Ongoing Eligibility & Maintenance



### Making Changes to Your Health Benefits

Once you make benefit elections during open enrollment, you will not have another opportunity to make a change to your health benefits until the next open enrollment unless you experience a change in status, otherwise known as a “qualifying event.”



### What is a Qualifying Event?

- Marriage Divorce or legal separation
- Birth or adoption of a child
- A change in your or your spouse’s employment or insurance status
- A dependent ceasing to meet eligibility requirements
- A change in residence that affects coverage

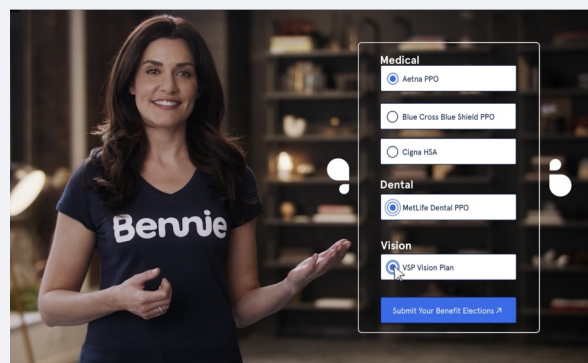


### Qualifying Event Deadlines

Should you experience a qualifying event and need to make a change in your coverage, you must contact your plan administrator within 30 days of the event and complete the appropriate paperwork. If you fail to notify your HR administrator within 30 days of the event, you will not be able to make a change and will be required to wait until the next open enrollment or another qualifying event, whichever comes first.

**New to Bennie?**  
Here’s what to expect next.

[WATCH VIDEO](#)





## ABOUT BENNIE

# Better Benefits For Everyone.

Bennie partners with your HR Team to offer a single hub for all employee benefits information as well as an on-demand healthcare concierge.

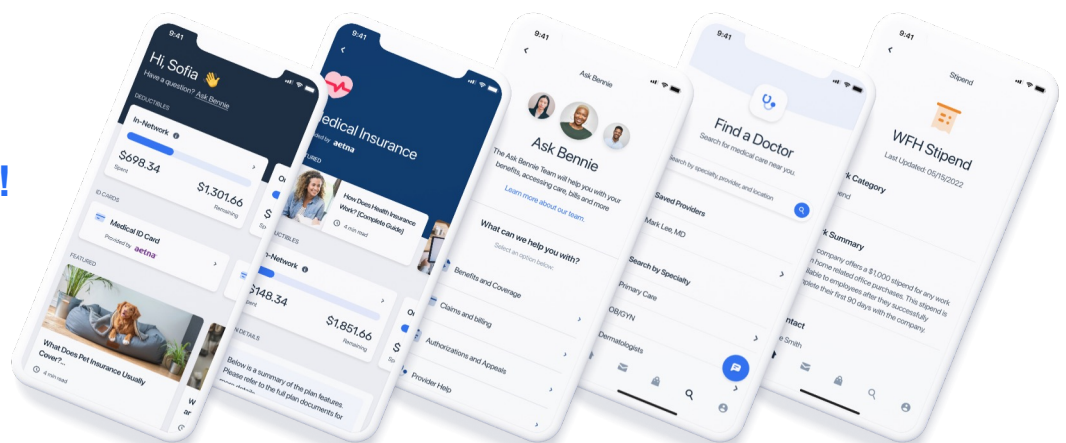


Whenever you have a question about your benefits, the Bennie app is there to help you get the answers you need and resolve any issues.

In addition to the benefits provided through your company, Bennie's individual marketplace allows you to access personalized benefits that meet your unique needs.



**Download the  
Bennie App today!**



# Benefits Marketplace

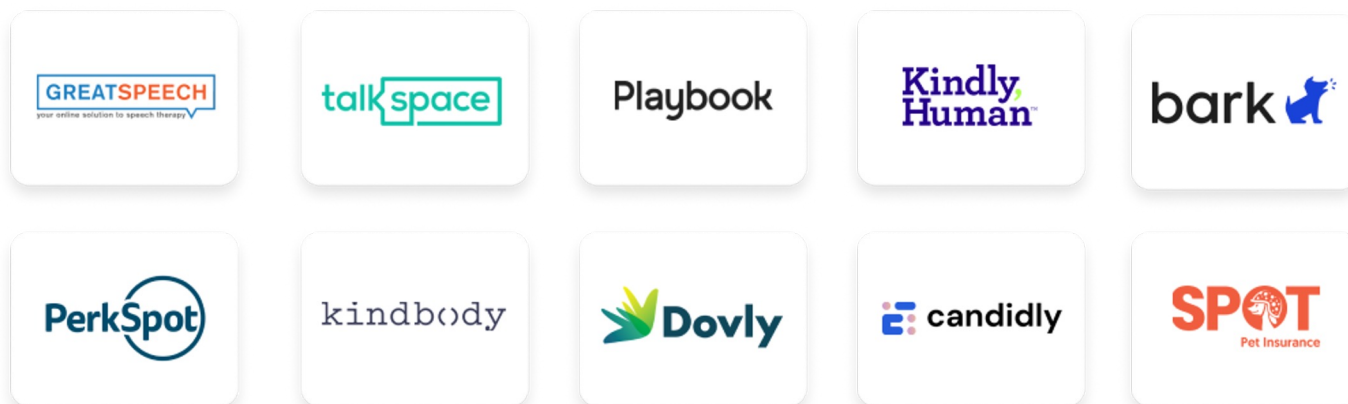
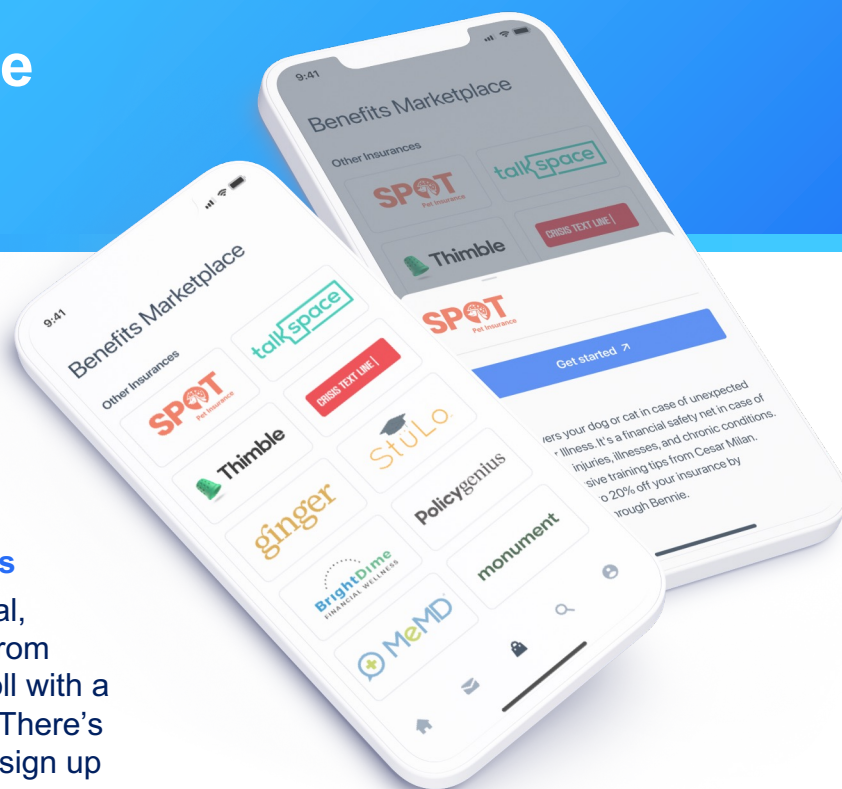
## For Health & Wellbeing

### Our Mission

**To provide everyone with access to better benefits and help create a healthier world.**

### Access a Variety of Additional Benefits

The Bennie Marketplace includes physical, social, financial, and emotional benefits from leading wellness providers. You can enroll with a Bennie marketplace partner at any time! There's no need to involve your HR team as you sign up for these services directly with the vendor. Simply log in to your Bennie App and click on the Marketplace tab to start exploring.



### For Employees

#### Individual Voluntary Benefits

You can choose wellness benefits to suit your specific needs.

- Pet Insurance
- Financial Advice
- Mental Health Support
- Family Planning
- Caregiving Support
- And More





## Section 2

# Ask Bennie





# Ask Bennie

## A Unified Experience

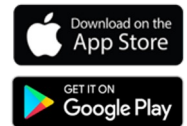
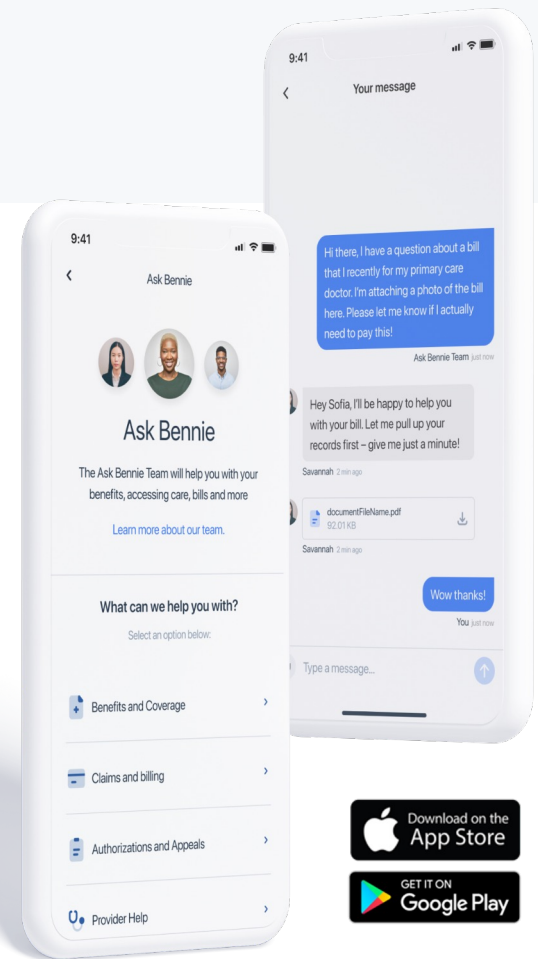
### The Complete Package

With Ask Bennie, you can speak with expert Advocates who can help you understand your benefits, find doctors, fix billing mistakes, book appointments, and more.

## Accessible Advocates

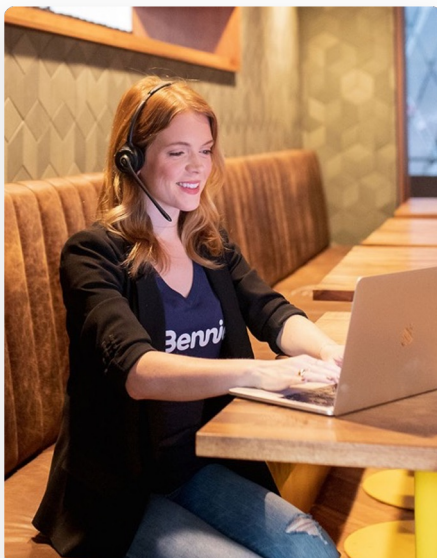
### White Glove Service

Ask Bennie Advocates are experts in healthcare, who work for you—not the insurance company. With Ask Bennie, you can get help with your benefits or healthcare questions at any time.



## The Help You Need, When You Need It

Delivered in a modern experience through the Bennie mobile app.



### Benefits Questions

Get immediate answers regarding benefits. You will be notified as soon as the Ask Bennie team replies.



### Enrollment Support

Expert support during your open enrollment process. Bennie can help you compare cost and benefit details, so you can choose the right plan for you and your family.



### Billing Review

Got a confusing medical bill? The Bennie team can review it for you, ensuring it's accurate.



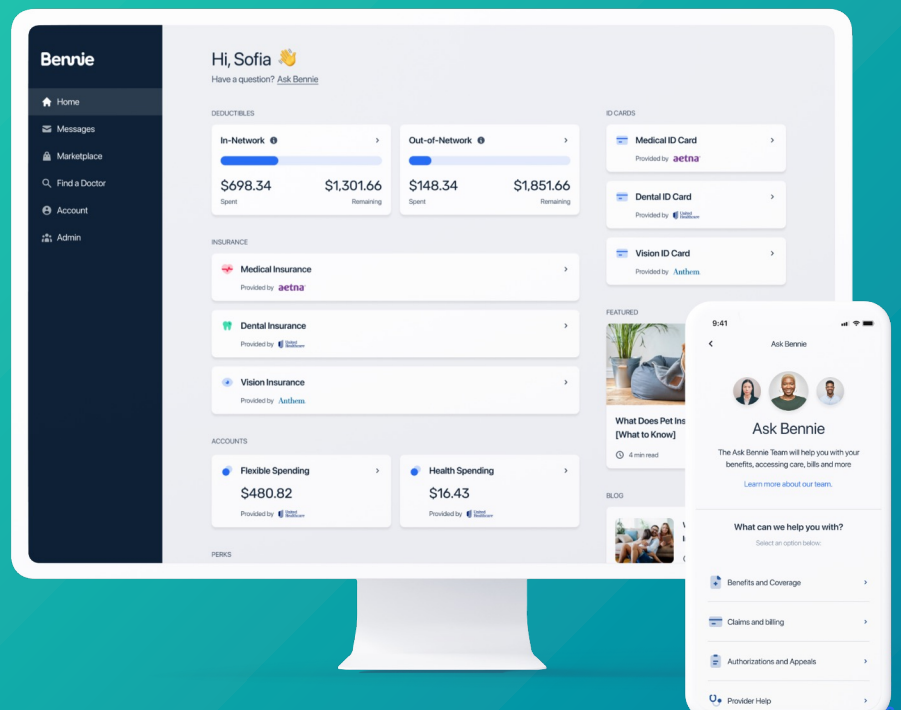
### Find a Provider

Find low cost, high quality providers with the touch of a button. Bennie provides the best matches in your area.



## Section 3

# 2024 Benefits







## Navigating Your Benefits

Here are some helpful tips on how to save money and best navigate your benefits.

### Tips for Saving Money

- 1** Always stay in-network whenever possible
- 2** Take advantage of preventive care – it's free!
- 3** Use urgent care centers and mini-clinics instead of emergency rooms when not a true emergency
- 4** Use telemedicine to save time and money
- 5** Ask about the costs of services & prescriptions before receiving them
- 6** Use online resources:  
FSAsStore.com, HSAsStore.com, GoodRx.com and more



## Medical: In-Network

### Member ID Cards

If you elect benefits, find out when you can expect your member ID cards.


[LEARN MORE](#)

Your medical and prescription drug coverage is offered through Cigna. Ramp provides comprehensive medical and prescription drug through three plan options. The below is a high-level comparison between the plan options. For full plan details, please refer to the medical plan summaries available for download in Bennie.

To search for providers, visit the Bennie app or <https://hcpdirectory.cigna.com/web/public/consumer/directory/search>



#### HDHP

#### PPO OAP

#### EPO OAPIN

Company HSA Funding (annual, Individual/Family)	\$1,800 / \$2,700	N/A	N/A
<b>In-Network</b>			
<b>Deductible</b> <i>Calendar Year</i>	\$2,500 / \$5,000	\$500 / \$1,500	\$0
<b>Coinsurance</b>	0%	20%	0%
<b>Out-of-Pocket Maximum</b>	\$3,425 / \$6,850	\$3,500 / \$7,000	\$3,000 / \$6,000
<b>Preventative Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Primary Care Copay</b>	0% after deductible	\$20	\$30
<b>Specialist Copay</b>	0% after deductible	\$20	\$40
<b>Telemedicine Copay</b>	0% after deductible	\$20	\$30 - \$40
<b>Urgent Care</b>	0% after deductible	\$50	\$40
<b>Emergency Room</b>	0% after deductible	\$100 after deductible	\$100
<b>Inpatient Hospital Admission</b>	0% after deductible	20% after deductible	\$500 deductible
<b>Outpatient Hospital Admission</b>	0% after deductible	20% after deductible	Covered 100%
<b>Prescription Deductible</b>	Tied with Medical	Tied with Medical	Tied with Medical
<b>Prescription Copay</b>	\$10 / \$30 / \$50 after deductible	\$10 / \$20 / \$40	\$10 / \$20 / \$40



## Medical: Out-of-Network

Your medical and prescription drug coverage is offered through Cigna. Ramp provides comprehensive medical and prescription drug through three plan options. The below is a high-level comparison between the plan options. For full plan details, please refer to the medical plan summaries available for download in Bennie.



### HDHP

### PPO OAP

### EPO OAPIN

Company HSA Funding	\$1,800 / \$2,700	N/A	N/A
<b>Out-of-Network</b>			
<b>Deductible</b> <i>Calendar Year</i>	\$2,500 / \$5,000	\$1,000 / \$3,000	Not Covered
<b>Coinsurance</b>	30%	40%	Not Covered
<b>Out-of-Pocket Maximum</b>	\$7,000 / \$14,000	\$7,000 / \$14,000	Not Covered
<b>Preventative Care</b>	30% after deductible	30% after deductible	Not Covered
<b>Primary Care Copay</b>	30% after deductible	30% after deductible	Not Covered
<b>Specialist Copay</b>	30% after deductible	30% after deductible	Not Covered
<b>Telemedicine Copay</b>	Not Covered	Not Covered	Not Covered
<b>Urgent Care</b>	30% after deductible	\$100	Not Covered
<b>Emergency Room</b>	0% after deductible	\$100 after deductible	\$100
<b>Inpatient Hospital Admission</b>	30% after deductible	40% after deductible	Not Covered
<b>Outpatient Hospital Admission</b>	30% after deductible	40% after deductible	Not Covered
<b>Prescription Deductible</b>	Tied with Medical	Tied with Medical	Not Covered
<b>Prescription Copay</b>	\$10 / \$30 / \$50 after deductible	\$10 / \$20 / \$40	Not Covered



## Telemedicine

On demand access to affordable, quality health care – anytime, anywhere.

**Why wait for the care you need now? Cigna, via their partner, MDLive, now offers another alternative to receive care. Visit us with a US Board Certified doctor right from your home, office, or on the go for non-emergency medical conditions.**

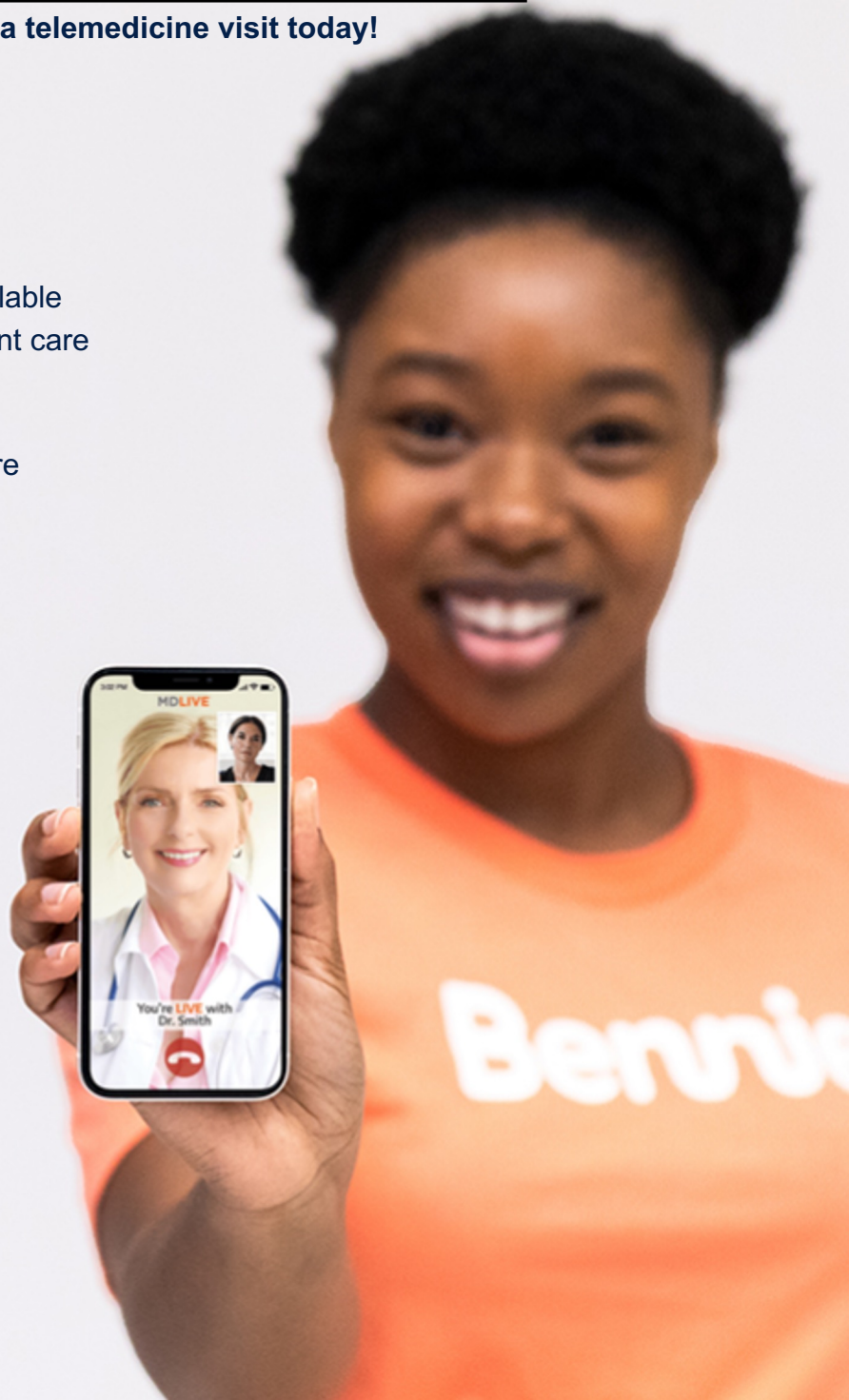
**Visit the Bennie app or <https://www.cigna.com/individuals-families/member-guide/virtual-care-services> to schedule a telemedicine visit today!**

### When to Use Telemedicine

- 24/7/365
- If your primary care doctor is not available
- Instead of going to the ER or an urgent care center (for a non-emergency issue)
- To request prescription refills\*
- If traveling and in need of medical care

### Common Conditions Treated

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Allergies</li><li>• Asthma</li><li>• Bronchitis</li><li>• Cold &amp; Flu</li><li>• Diarrhea</li><li>• Ear Infections</li><li>• Fever</li><li>• Headache</li><li>• Infections</li><li>• Insect Bites</li><li>• Joint Aches</li><li>• Rashes</li><li>• Sinus Infections</li><li>• Skin Infections</li><li>• Sore Throat</li><li>• And More</li></ul> | <b>Pediatric Care</b> <ul style="list-style-type: none"><li>• Cold &amp; Flu</li><li>• Constipation</li><li>• Ear Infections</li><li>• Nausea</li><li>• Pink Eye</li><li>• And More</li></ul> |
|--|---|



# Know Where to Go For Care

If you're not experiencing an emergency, being informed about where to go for medical care can result in time and cost savings. You have options for getting non-emergency medical attention.

The below chart can assist you in determining the appropriate type of care for different situations. Opting for In-Network providers for your family's medical needs typically leads to reduced expenses.

## Virtual Visits

\$

- Available 24/7
- Access to care for non-emergency medical issues at home and out of the home

## Doctor's Office

\$

- Hours of operation may vary
- Typically the best option for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history

## Health Clinic

\$

- Based on the clinic's hours of operation
- Usually lower out-of-pocket costs than if you go to urgent care
- Convenient to access, low-cost treatment for small medical problems

## Urgent Care

\$\$

- Generally includes evenings, weekends and holidays
- Typically used when a doctor's office is closed, and you don't have an emergency
- Many have options to check in online or by calling

## Hospital ER

\$\$\$

- Open 24/7
- If you receive emergency room care from an out-of-network provider, you may have to pay more
- Multiple bills for services such as doctors and facility

## Standalone ER

\$\$\$\$

- Open 24/7
- Could be transferred to a hospital ER based on circumstances
- Does not include trauma care
- Often out-of-network, which means you'd have to pay more out of pocket
- All standalone ERs charge a facility fee that urgent care doesn't. You may receive other bills for each doctor you see.

### Urgent Care Center vs. Standalone ER

Here are ways to tell if you're at a standalone ER:

- It looks like an urgent care center but has "Emergency" in its name or on the building.
- It's open 24/7.
- It's not connected to or linked with a hospital.
- You might have similar costs as an ER visit, including copay, coinsurance, and deductible.



# Know Where to Go For Care

	Virtual Visits	Dr. Office	Health Clinic	Urgent Care	Hospital ER	Standalone ER
<i>Who provides care?</i>	<ul style="list-style-type: none"> <li>Primary Care</li> <li>Pediatric</li> <li>Family</li> <li>Emergency Doctors</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care</li> </ul>	<ul style="list-style-type: none"> <li>Physician Assistant</li> <li>Nurse Practitioner</li> </ul>	<ul style="list-style-type: none"> <li>Internal Medicine</li> <li>Family Practice</li> <li>Pediatric</li> </ul>	<ul style="list-style-type: none"> <li>ER Doctors</li> <li>Internal Medicine</li> <li>Specialists</li> </ul>	<ul style="list-style-type: none"> <li>ER Doctors</li> </ul>
Sprains, strains		✓	✓	✓		
Animal bites		✓	✓	✓		
X-rays				✓		
Stitches				✓		
Mild asthma	✓	✓	✓	✓		
Minor headaches	✓	✓	✓	✓		
Back pain		✓	✓	✓		
Nausea, vomiting, diarrhea	✓	✓	✓	✓		
Minor allergic reactions	✓	✓	✓	✓		
Coughs, sore throat	✓	✓	✓	✓		
Bumps, cuts, scrapes	✓	✓	✓	✓		
Rashes, minor burns	✓	✓	✓	✓		
Minor fevers, colds	✓	✓	✓	✓		
Ear or sinus pain	✓	✓	✓	✓		
Burning with urination	✓	✓	✓	✓		
Eye swelling, irritation, redness or pain	✓	✓	✓	✓		
Vaccinations		✓	✓	✓		

- Any life-threatening or disabling conditions

- Sudden or unexplained loss of consciousness

- Major injuries

- Chest pain; numbness in the face, arm or leg; difficulty speaking

- Severe shortness of breath

- High fever with stiff neck, mental confusion or difficulty breathing

- Coughing up or vomiting blood

- Cut or wound that won't stop bleeding

- Possible broken bones

- Most major injuries except for trauma

- May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization

- Do not always accept ambulances



## Health Savings Account (HSA)



If you enroll in the high deductible medical plan, you are eligible to open a Health Savings Account through Wex.

Ramp will contribute money into a Health Savings Account (HSA) on your behalf. You may also contribute additional money into this HSA.

- Contributions are tax-free and accrue with each pay period.
- Money in HSA rolls over from year-to-year. There is no “use it or lose it” provision.
- Can be used to pay for qualifying medical, dental, and vision expenses (deductibles, copays, prescriptions) or save for future health expenses.
- Maximum Annual contributions are shown below:

### 2024 HSA Contribution Limits

	Single	Family
Ramp Annual Contribution	\$1,800	\$2,700
Annual Contribution Limit	\$4,150	\$8,300
Catch-Up Contribution Limit (Ages 55 and Older)	Additional \$1,000	Additional \$1,000

### Important to Know!

The HSA is available only for enrollees in the following plans:

- HDHP

The IRS does not allow contributions to an HSA and a full-purpose FSA in the same tax year. If you have any money in a full-purpose FSA, that will need to be spent down before you can contribute or receive any contributions into your HSA.



# Flexible Spending Account (FSA)



## Healthcare FSA

- Can contribute to if you are not enrolled in the HSA plan.
- FSA Contributions are tax-free and funds become available on your effective date.
- Funds expire at the end of the year, so it is useful only if you have predictable expenses
- Can be used on qualifying medical, dental, and vision expenses (deductibles, copays, prescriptions).
- **Maximum annual contribution is \$3,050 in 2024**

## Limited Purpose FSA

- Can contribute to if you enroll in the EPO or PPO plan.
- FSA Contributions are tax-free and funds become available on your effective date.
- Funds expire at the end of the year, so it is useful only if you have predictable expenses
- Can be used on qualifying dental and vision expenses only (deductibles, copays, prescriptions)
- **Maximum annual contribution is \$3,050 in 2024**



## Dependent-Care FSA

- FSA Contributions are tax-free and funds accrue with each pay period.
- Funds expire at the end of the year, so it is useful only if you have predictable expenses. The IRS does not permit remaining funds to be carried over into the next plan year.
- Can be used on qualifying dependent care expenses (day care, child care, elder care) for dependent children up to age 13.
- Cannot roll over any funds into the next plan year
- **Maximum annual contribution is \$5,000.**



## Important to Know!

### FSA Funds expire at the end of the plan year.

It is important to budget carefully so as not to lose access to your contributed tax-free funds. The IRS does not allow contributions to an HSA and a full-purpose FSA in the same tax year.



## Dental



Dental Insurance is provided through Cigna. Ramp offers two dental plans that provide comprehensive dental care. For full plan details, please refer to the dental plan summaries available for download in Bennie.

To locate a dental provider, visit <https://hcpdirectory.cigna.com/web/public/consumer/directory/>



### Dental PPO

The dental PPO option allows you to see a wide range of both in-network and out-of-network dentists and pays a reimbursement percentage based on the type of service you receive.

	Base Plan		Buy Up Plan	
	<i>In-Network</i>	<i>Out-Of-Network</i>	<i>In-Network</i>	<i>Out-Of-Network</i>
<b>Deductible</b>	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Dental Annual Maximum</b>	Year 1: \$1,500, Year 2: \$1,600, Year 3: \$1,700 Year 4: \$1,800	Year 1: \$1,500, Year 2: \$1,600, Year 3: \$1,700 Year 4: \$1,800	Year 1-2: \$5,100 Year 3-4: \$5,300	Year 1-2: \$5,100 Year 3-4: \$5,300
<b>Preventative Care</b>	100% Covered	100% Covered	100% Covered	100% Covered
<b>Basic Services</b>	90% Covered	90% Covered	90% Covered	90% Covered
<b>Major Services</b>	60% Covered	60% Covered	60% Covered	60% Covered
<b>Orthodontic Lifetime Maximum</b>	Not Covered	Not Covered	\$2,000	\$2,000
<b>Orthodontic Services</b>	Not Covered	Not Covered	50% Covered	50% Covered



### Important to Know!

**Note:** The in-network and out-of-network reimbursements appear to be the same, but an out-of-network provider may charge higher fees and “balance bill” after insurance payment is calculated, so in general you will save money by staying in-network.



Vision



Vision Insurance is provided through Cigna. Through this plan, you can access the Cigna Vision network of providers. For full plan details, please refer to the summaries available for download in Bennie.

To locate a vision provider, visit <https://cigna.vsp.com/find-eye-doctors.html>

	In-Network	Out-Of-Network
<b>Exams</b> (Copay / Allowance)	\$10	Up to \$45
<b>Materials</b> (Copay / Allowance)	\$25	Up to \$100 depending on lens type
<b>Frames</b> (Allowance)	\$180	Up to \$100
<b>Elective Contacts</b> (Allowance)	\$180	Up to \$144
<b>Frequency</b> <i>in months</i> (exams, materials, frames, contact lenses)	12 / 12 / 12 / 12	



Important to Know!

**Note:** This plan reimburses for some out-of-network costs, but each reimbursement is based on an allowance depending on the type of service you receive.





## Group & Voluntary Life and AD&D



Group Life and Voluntary Life and AD&D Insurance is provided through New York Life. For full plan details, please refer to the plan summaries available for download in Bennie.



### Group Life & Accidental Death and Dismemberment

- If you die, your beneficiary is entitled to receive 1x your annual earnings up to a maximum of \$250,000.
- If your death is the result of an accident, the accidental death and dismemberment benefit pays your beneficiary an additional 1x annual earning up to a maximum of \$250,000.
- This benefit is offered by Ramp at no cost to you.



### Voluntary Life & AD&D

- Employee Benefit: Maximum \$500,000 or 5x annual salary, whichever is lesser, in \$10,000 increments, \$300,000 Guaranteed issue (for newly hired employees).
- Spouse Benefit: Maximum \$250,000 or 50% of employee's life amount, whichever is lesser, in \$5,000 increments, \$25,000 Guaranteed issue (for newly hired employees).
- Child Benefit: Maximum of \$10,000 in \$1,000 increments.
- Employees must be enrolled in this benefit in order to enroll a Spouse and/or Child(ren).
- Coverage amounts that are increased at Open Enrollment may require Evidence of Insurability.
- Election of this benefit is voluntary, and 100% employee paid.



### Important to Know!

**Make sure your beneficiary information is current.**

You can update it at any time in Ease.



## Disability



Short-Term and Long-Term Disability Insurance is provided through New York Life. For full plan details, please refer to the plan summaries available for download in Bennie.



### Short-Term Disability

- If you become disabled as the result of an off-the-job accident, sickness, or condition, and remain disabled for over a week, you become eligible to receive short-term disability benefits.
- This benefit pays you 60% of your weekly earnings up to a maximum of \$2,500 per week (for up to 13 weeks).
- This benefit is offered by Ramp at no cost to you.



### Long-Term Disability

- If you remain disabled after 90 days on short-term disability, you become eligible to receive long-term disability benefits
- This benefit pays you 60% of your pre-disability monthly earnings, up to a maximum of \$12,000 per month.
- This benefit is offered by Ramp at no cost to you.

**Note:** The Long-Term disability plan includes a pre-existing condition provision. If you have been diagnosed with or treated for a disability within the 3 months immediately prior to enrolling (including pregnancy), you are ineligible to receive benefits for that condition for the first 12 months of enrollment.



## Commuter



If you use mass transit to get to and from work, you can contribute pre-tax money into an account through Wex to purchase your bus, train, or ferry pass.

There are two separate accounts available: one for commuting expenses and one for parking expenses.



### Mass Transit

- Set aside up to \$300 pre-tax monthly to help pay for commuting costs.
- Can be used for metro, trains, ridesharing, ferry etc.
- Contributions can be changed monthly.
- **Maximum annual contribution is \$3,780 in 2024**



### Parking

- Set aside up to \$300 pre-tax monthly to help pay for qualified parking expenses.
- Qualified parking expenses include charges for parking at or near your place of work or a location from which you commute to work.
- Contributions can be changed monthly.
- **Maximum annual contribution is \$3,780 in 2024**



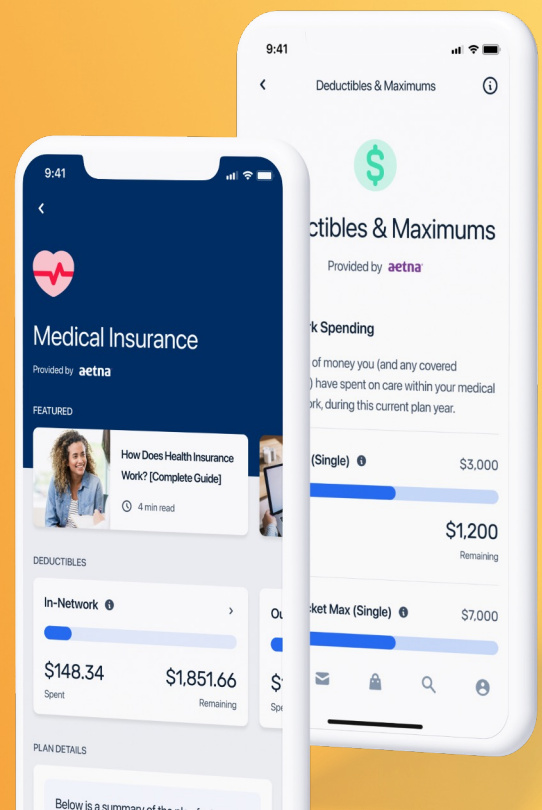
### Important to Know!

Commuter funds rollover at the end of the plan year and remain active for the duration of your employment.



## Section 4

# Plan Costs



# E\$ Plan Costs

Below is a summary of per-month costs for the benefits provided by Ramp.

## Medical, Dental, Vision

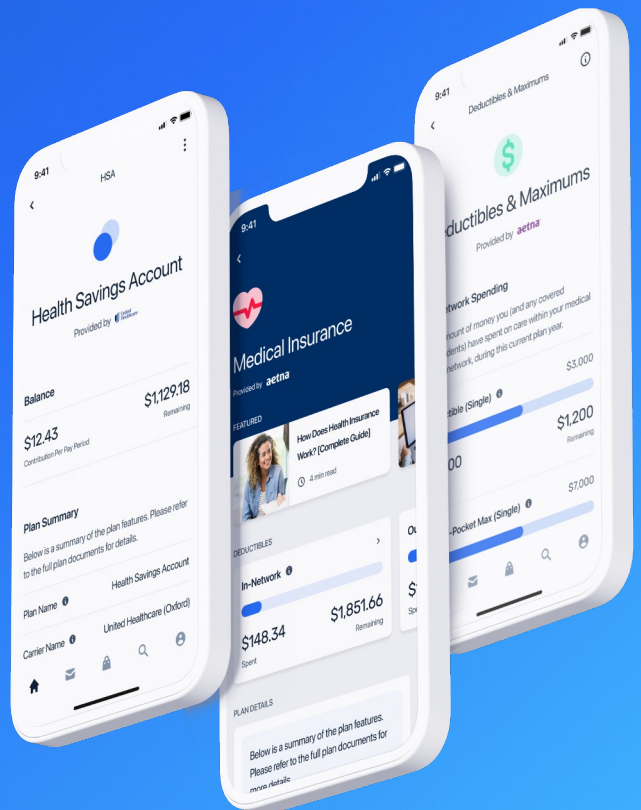
HDHP	Monthly	Ramp Contribution	Dental Base	Monthly	Ramp Contribution
Employee	\$0	\$463.93	Employee	\$0	\$36.65
Employee + Spouse	\$206.27	\$825.08	Employee + Spouse	\$14.64	\$58.54
Employee + Child(ren)	\$175.01	\$700.03	Employee + Child(ren)	\$17.41	\$69.63
Employee + Family	\$292.49	\$1,169.94	Employee + Family	\$24.71	\$98.86
PPO OAP			Dental Buy-Up		
Employee	\$0	\$578.58	Employee	\$0	\$60.75
Employee + Spouse	\$254.46	\$1,017.84	Employee + Spouse	\$24.20	\$96.82
Employee + Child(ren)	\$240.69	\$962.77	Employee + Child(ren)	\$28.77	\$115.10
Employee + Family	\$359.87	\$1,439.50	Employee + Family	\$40.84	\$163.35
EPO OAPIN			Voluntary Life coverage rates are age dependent. Please refer to Ease for exact rates.		
Employee	\$0	\$600.11			
Employee + Spouse	\$263.93	\$1,055.72			
Employee + Child(ren)	\$249.65	\$998.58			
Employee + Family	\$373.27	\$1,493.08			
Cigna Vision					
Employee	\$0	\$6.62			
Employee + Spouse	\$2.28	\$9.10			
Employee + Child(ren)	\$2.32	\$9.30			
Employee + Family	\$3.75	\$14.98			





## Section 5

# Glossary





# Glossary of Terms

## Plan Coverage Terms

### **In-Network Coverage**

In-network providers have contracted rates they've pre-negotiated with insurance carriers. Typically, you will pay less with an in-network provider.

### **Out-Of-Network**

Out-of-network providers do not have pre-negotiated rates with your insurance carrier. You may pay more for eligible services with an out-of-network provider.

### **Primary Copay**

A predetermined rate you will pay every time you see your primary care physician.

### **Specialist Copay**

A predetermined rate you will pay every time you see a specialist.

### **Deductible**

The amount you will pay before your insurance carrier will pay for eligible expenses.

### **Embedded Deductible**

No single individual on a family plan will have to pay a deductible higher than the individual deductible amount. Once an individual on a family plan has met their individual deductible, coinsurance and/or copays will apply for continued services (based on the medical plan type).

### **Aggregate (Non-Embedded) Deductible**

All family members' out-of-pocket expenses count towards the family deductible until it is met. Once the family deductible is satisfied, coinsurance and/or copays will apply (based on the medical plan type) for continued services incurred by all family members.

### **Coinsurance**

After your deductible is met, this is the percentage of costs you will pay for covered services.

### **Out of Pocket Maximum**

The most you will pay for covered services in a plan year. Once this maximum is met through the deductible, copayments, and coinsurance, your health plan pays 100% of the costs of covered services. This does not include your payroll contribution.

### **Emergency Room**

The amount you pay to receive care for emergency services in a hospital facility.



## Glossary of Terms

**Urgent Care**

The amount you pay to receive care for emergency services in an independent non-hospital facility.

**Retail Rx Copay**

A predetermined rate you will pay for retail prescriptions.

**Mail Order Copay**

A predetermined rate you will pay for mail order prescriptions.

**Rx Deductible**

The amount you will pay before your insurance carrier will pay for eligible expenses on your prescription.

**Guaranteed Issue**

The benefit amount that the carrier has agreed to approve coverage up to without requiring any health questions.

**Evidence of Insurability**

Health questions that carrier will review when determining to approve or decline benefit amounts above the guaranteed issue.

**Balance Billing**

The act of a provider billing a patient for the difference between the total cost of a service and the amount that the insurance carrier has agreed to cover for that service.



# Glossary of Terms

## Your Medical Insurance Card

### **Group**

This is unique to your company and is assigned by the insurance carrier. Healthcare providers and pharmacies use this to verify your coverage.

### **ID (Member ID)**

This number is unique to you. Healthcare providers and pharmacies use this to verify your coverage.

### **RxBIN**

This is an identifier that insurance carriers use for prescription billing.

### **RxPCN**

This is a secondary identifier that insurance carriers use for prescription billing.

## Plan Costs

### **Your Contribution**

The amount you contribute per pay period to be enrolled in the plan.

### **Employer Contribution**

The amount your employer contributes per pay period toward your enrollment in the plan.