

WELCOME TO BENEFITS 101

MAKING THE MOST OF YOUR BENEFITS



Understanding your benefits shouldn't be complicated. **Benefits 101** is a simple, engaging tool designed to help you feel confident about your coverage options and resources.

This guide will walk you through the **purpose of your benefits**, explain **key terminology and concepts**, and introduce the tools that make learning easy and accessible. Whether you're new to benefits or just need a refresher, we've got you covered.

Here's what you can expect:

- **Basic Benefits Terminology** – Clear definitions of common terms like deductible, copay, coinsurance, and more.
- **Core Concepts** – What your benefits do, how they work, and why they matter.
- **Helpful Resources** – Including:
 - Short **explainer videos** to break down complex topics
 - Easy-to-read **digital flyers** for quick reference
 - Links to important resources and **websites** for deeper details and support

Our goal is to make benefits education simple, so you can make informed choices with confidence. Please refer to our other benefit materials and resources for information on plan design or specific benefits.

Let's get started!

HEALTH INSURANCE BASICS

GENERAL PLAN INFORMATION

SAY WHAT?

Benefits can include terms that aren't always familiar. When you choose a benefit plan, you'll pay a regular amount for your coverage, which is called a **premium**. Your plan helps cover a variety of health services and prescription medications. In addition to your premium, you may also be responsible for other costs like a **deductible**, **copay**, or **coinsurance**, depending on how and when you use your benefits.



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DO YOU KNOW THE DIFFERENCE?

Coinsurance	Copay
The percentage (%) of a cost you're responsible for after you've met your plan's deductible	A predetermined, flat fee , that you pay at the time of service
Ex: After deductible, your health plan covers 80% of specialist visits, meaning you're responsible for 20% coinsurance. If the specialist visit costs \$200, you pay \$40 (20% of \$200), and insurance pays the remaining \$160.	Ex: Your health plan has a \$25 copay for primary care visits. You pay \$25 at the time of your visit, and insurance covers the rest, regardless of the visit cost.

Click [here](#) for more key benefit terms

Click [here](#) for important pharmacy terms

HOW DO I KNOW WHAT SERVICES ARE COVERED BY MY PLAN?

The best way to determine what services are covered, and at what cost, is to review your carrier documents. See the **Important Resources** page at the end of this document.

HEALTH INSURANCE BASICS

FREQUENTLY ASKED QUESTIONS

WHEN CAN I ENROLL IN BENEFITS?

You can generally enroll in benefits:

- When you're first hired
- During the annual open enrollment period
- If you experience a qualifying life event

WHAT'S A QUALIFYING LIFE EVENT (QLE)?

These are major life changes that may affect your coverage needs, such as:

- Getting married or divorced
- Having a baby or adopting a child
- Loss of coverage or change in employment status
- Moving to a new coverage area

If you experience a QLE, you typically have **30 days** from the event date to request changes to your benefits. Notify HR or your benefits team promptly and provide any required documentation.



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Click [here](#) for more frequently asked benefits questions

USING YOUR BENEFITS

FINDING A PROVIDER

WHAT IS A PRIMARY CARE PHYSICIAN?

A **Primary Care Physician (PCP)** is your main healthcare provider for everyday medical needs. This could be a **Family Doctor, Internist, General Practitioner, Pediatrician,** or **OB/GYN.**

Your PCP helps you stay healthy, treats you when you're sick, and connects you with specialists when needed. Having a PCP can lead to fewer hospital visits and lower healthcare costs over time.

For the best value, it's recommended to choose a PCP who is **in-network** with your health plan, as this helps keep your out-of-pocket costs lower.

WHAT DOES "IN-NETWORK" MEAN?

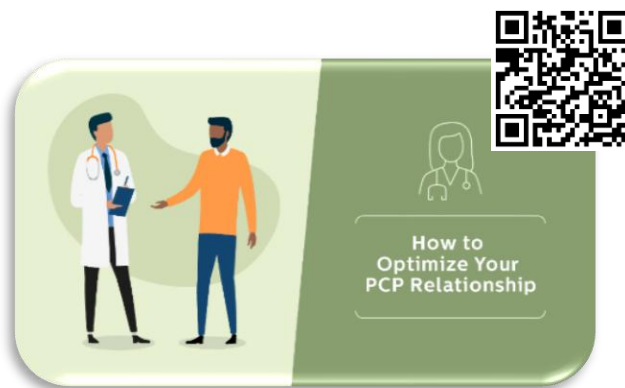
In-network providers are doctors, dentists, pharmacies, and healthcare facilities that have a contract with your insurance plan to offer services at discounted rates.

When you use in-network providers, **you typically pay less** out of pocket because the costs are lower for both you and your insurance company.

HOW DO I FIND AN IN-NETWORK PROVIDER ACCEPTING NEW PATIENTS?

You can find an in-network provider by:

- **Visiting your insurance carrier's website** and using their provider search tool
- **Calling the Customer Service number** listed on your medical ID card for personalized help

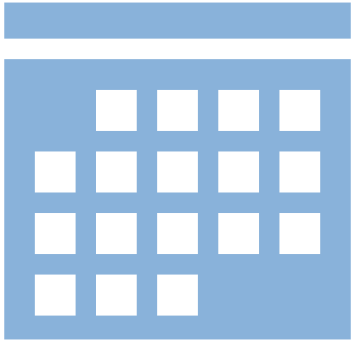


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USING YOUR BENEFITS

BEFORE & DURING YOUR VISIT



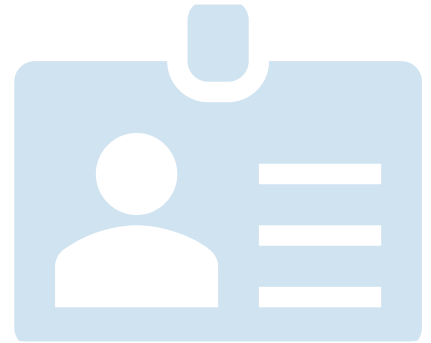
Schedule in advance

Important for annual checkups or specialist referrals



Confirm your provider is in-network

Helps avoid unexpected costs



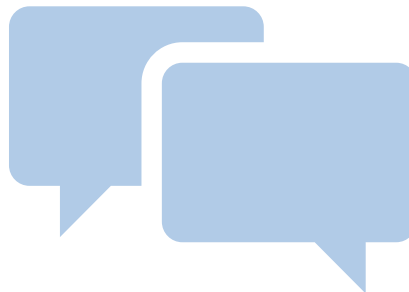
Bring your insurance card

Digital cards may be accepted
Bring a valid photo ID



Plan for paperwork

Current medications
Known family history
Emergency contacts



Be honest and ask questions

Your doctor is there to help



Understand your treatment options and possible costs

USING YOUR BENEFITS

AFTER THE VISIT

IF PREVENTATIVE CARE IS FREE, WHY DID I GET A BILL?

Preventive care is covered at **100%** when you use an **in-network provider**, so you shouldn't owe anything for eligible services. You may still receive an **Explanation of Benefits (EOB)** after your visit. If your visit included services beyond preventive care (like discussing a health issue or receiving treatment), those parts may not be fully covered and could result in a bill.

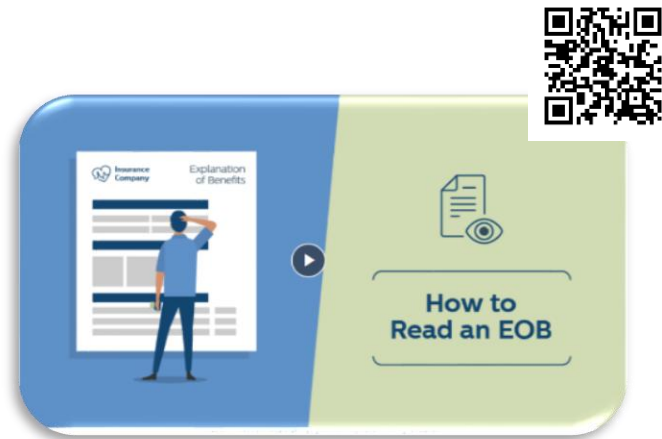
WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

An **Explanation of Benefits (EOB)** is a summary statement from your insurance company that shows how a claim was processed.

It's **not a bill**, but it helps you understand:

- What services were provided
- What the provider charged
- What your insurance paid
- What portion (if any) you may owe

It's a helpful way to track your benefits and costs.



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Type of Care	Purpose	Coverage	Examples
Preventive Care	To help you stay healthy and catch issues early	Covered at 100% with in-network provider	<ul style="list-style-type: none"> – Annual physical exam – Routine immunizations – Cancer screenings (e.g., mammograms, colonoscopies) – Well-child visits – Blood pressure and cholesterol checks
Diagnostic Care	To evaluate or treat symptoms or health concerns	Subject to deductible, copay, or coinsurance	<ul style="list-style-type: none"> – Follow-up tests after abnormal screening – Imaging for symptoms (e.g., X-ray for back pain) – Blood tests to investigate symptoms – Specialist visits for a specific issue

PREVENTIVE CARE

PREVENT TODAY, PROTECT TOMORROW

PREVENTIVE CARE includes routine medical, dental, and vision services that help you stay healthy and catch potential issues early—before they become serious. You and your family have access to a wide range of preventive services through your health plan.

When you visit an **in-network provider**, most preventive services are covered at **100%**, meaning no out-of-pocket cost to you.



Annual physicals or wellness exams



Routine pediatric exams



Vaccinations



Recommended age & gender screenings



Dental exam and teeth cleaning



Eye Exam

Click [here](#) a full list of covered preventive services

Click [here](#) to learn more about the importance of preventive care and chronic conditions



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HEALTHCARE CONSUMERISM

SAVE MONEY, AVOID SURPRISES, GET BETTER CARE

HEALTHCARE CONSUMERISM means taking an active role in your health and healthcare decisions. It's about understanding your benefits, asking questions, and making informed choices to get the care you need, while managing costs.

Quick Tips:

- **Know your plan:** Understand what's covered and what's not
- **Use in-network providers:** They typically cost less
- **Compare costs:** Use tools to check prices for procedures or prescriptions
- **Ask questions:** Don't hesitate to ask your doctor or pharmacist about options
- **Use preventive care:** It's often covered at no cost and helps catch issues early
- **Know where to go:** Understand your care options and what situations are best handled by telehealth, primary care, urgent care, or the emergency room. Click [here](#) to learn more appropriate site of care options.



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