

MORGAN

AUTO GROUP

2023 EMPLOYEE BENEFIT GUIDE

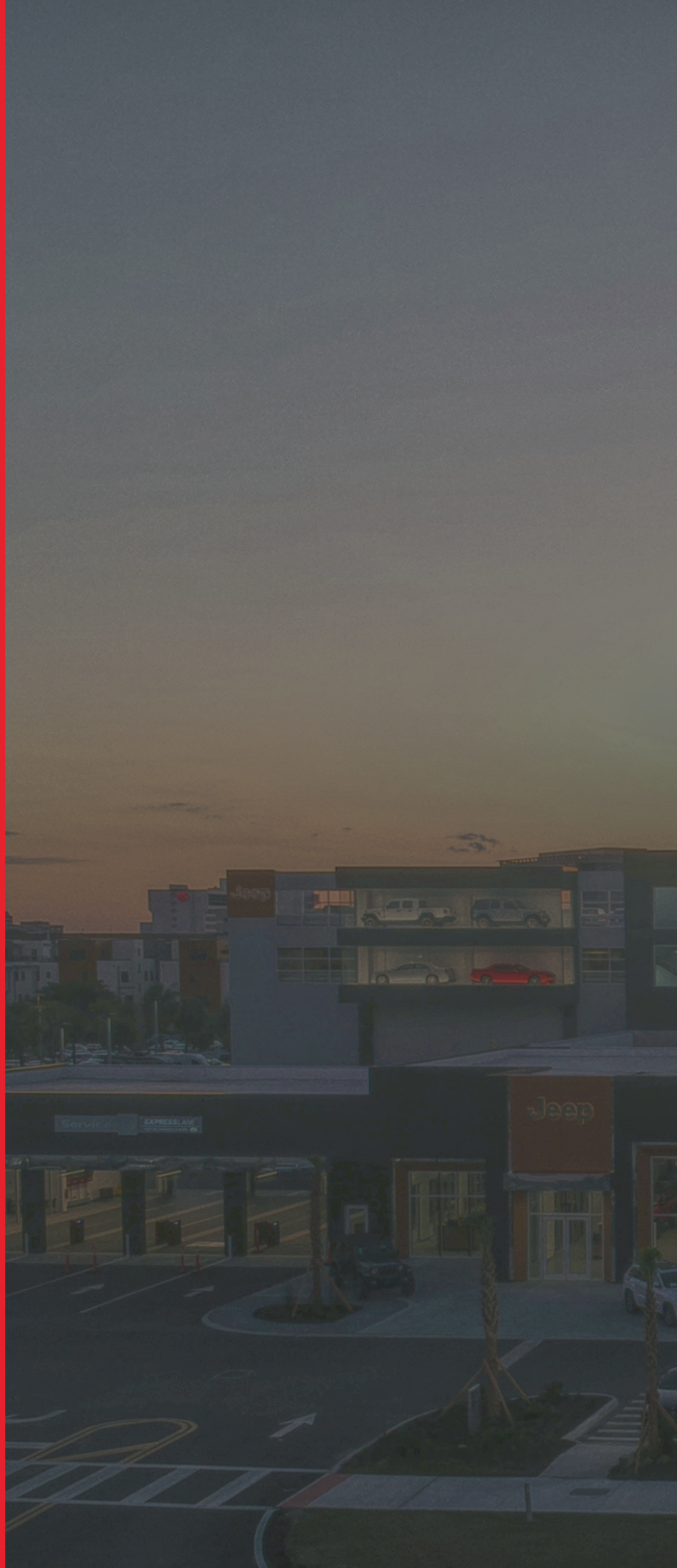


JANUARY 1, 2023 - DECEMBER 31, 2023



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Morgan Auto Group 2023

Welcome to Open Enrollment! As a member of Morgan Auto Group you are eligible for a wide range of valuable benefits designed to:

- Promote the health and wellness of you and your family
- Protect your income while you are working
- Help you balance your personal responsibilities and work life

Some benefits are provided automatically, while you must actively choose others. Morgan Auto Group provides you with many benefit options enabling you to choose the package that best meets your needs.

This guide gives you an overview of the benefits available to you. During this Open Enrollment period, you have the opportunity to reevaluate your benefits status and make any necessary changes.

Sincerely,

Human Resources



FREQUENTLY ASKED QUESTIONS

Q: WHO IS ELIGIBLE FOR BENEFITS?

A: All regularly scheduled team members working at least 30 hours per week are eligible for benefits. Coverage may also be elected for dependents, including your legal spouse and dependent children to age 26.

A dependent who is older than 26 years of age, but less than 30 years of age may be eligible for medical benefits. To be eligible a dependent must:

- Be unmarried and not have dependents of his or her own; AND
- Be a resident of any of the 50 states, a student; AND
- Not have coverage of their own, or covered under any other plan; AND
- Not be entitled to benefits under medicare

Q: WHEN DO I BECOME ELIGIBLE FOR BENEFITS?

A: Employees are eligible for benefits the 1st of the month following 60 days of full-time employment.

Q: WHAT BENEFITS REQUIRE RE-ELECTION DURING OPEN ENROLLMENT?

A: This will be a passive enrollment this year. If you do not log in and make any changes your current elections will roll into the next plan year. The only employees that will be required to complete an open enrollment are those inside their new hire waiting period.

Q: WHAT IF I WANT TO CHANGE MY ELECTIONS OR I AM ENROLLING FOR THE FIRST TIME?

A: Employees may change benefit elections during this Open Enrollment period. Once elections are made, you are unable to make any changes to your coverage unless you experience an IRS recognized event.

Q: WHAT IF I MAKE A MISTAKE IN MY COVERAGE OR CHANGE MY MIND?

A: Once Open Enrollment closes, changes cannot be made unless you experience an IRS recognized event. Please be very careful when selecting your coverage as this coverage will remain active for the remainder of the benefit year.

Q: WHAT IF I EXPERIENCE AN IRS RECOGNIZED EVENT?

A: Notify HR and complete appropriate documentation within 30 days of experiencing an IRS recognized event. Otherwise, no changes will be allowed until the next Open Enrollment period. **Examples of recognized events include:** marriage, legal separation, divorce, birth or adoption, death, change in spouse's employment status and change in eligibility.

Q: WHEN DO MY OPEN ENROLLMENT ELECTIONS TAKE EFFECT?

A: Open Enrollment elections will take effect on January 1, 2023. The benefit plan year is January 1, 2023 to December 31, 2023.

SECTION 125 TAX SAVINGS

CHANGING YOUR BENEFIT ELECTIONS

Internal Revenue Service (IRS) regulations state that benefit elections cannot be changed during a plan year unless you experience an IRS recognized event. Generally, these may include:

- Marriage
- Divorce
- Legal separation
- Death of spouse or other dependent
- Birth, adoption, or placement of a child for adoption
- You, your spouse, or dependent experience a change in work hours that impacts your benefits eligibility (e.g. from full-time to part-time or vice versa)
- You, your spouse, or dependent begin or end employment
- Relocation into or out of your plan's service area
- Dependent's eligibility changes due to age, student status, marital status, or employment
- You, your spouse, or dependent become entitled to Medicare or Medicaid
- You are issued a judgment, decree, or order that requires you to provide accident or health coverage for your dependent child

If you experience an IRS recognized event during the year, you may choose new levels of coverage at that time, consistent with the qualifying event that takes place. If you get married, for example, you can add your new spouse.

Important: You have only 30 days from the date of an IRS recognized event to enroll or drop dependents or yourself from the applicable benefit. To make changes to your benefit elections, please notify Human Resources and supply supporting documentation (e.g., marriage certificate, birth certificate, etc.) within 30 days of change.

AUTOMATIC TAX SAVINGS

Your medical, dental, and vision premiums are automatically paid using pre-tax payroll deductions. Since the premiums are taken out before you pay taxes, your taxable income is actually reduced and you pay less in taxes over the course of a year.

* The example below shows how pre-tax contributions save you money.

Once your benefit options go into effect, they remain in effect for the entire plan year. Your benefit elections can be changed only at the next annual Open Enrollment (effective January 1) or as a result of an IRS recognized event (explained above in the Changing Your Benefit Elections section).

| | After Taxes | Pre-Tax |
|---|-------------|----------|
| Gross annual income | \$20,000 | \$20,000 |
| Annual employee-paid insurance premiums | \$2,000 | \$2,000 |
| Taxable income | \$20,000 | \$18,000 |
| Federal income and Social Security taxes | \$2,370 | \$1,917 |
| Net (take-home) pay | \$15,630 | \$16,083 |

\$453 More Take-Home Pay!

* The Section 125 Plan provides tax savings by deducting your health care premiums from your gross salary prior to calculation of federal income and Social Security taxes, as allowed under Internal Revenue Code Section 125.

Assumes a \$20,000 gross income; married filing jointly; family medical insurance coverage; and residence in a state that does not impose state income tax.

MEDICAL BENEFITS

Morgan Auto Group has partnered with **Imagine360** to provide Medical coverage. **Imagine360** is an extremely reputable carrier and has a strong network of providers nationwide. Please see the table below which provides coverage highlights for the plan. For a complete benefits summary, please refer to your **Imagine360** plan documents.

| Imagine360 | | |
|---|--|--|
| Coverage | HDHP / HSA Plan | |
| | In-Network | Out-of-Network |
| Deductible* Individual / Family | <i>Calendar Year</i> \$3,000 / \$6,000 (Embedded) | <i>Calendar Year</i> \$5,000 / \$10,000 (Embedded) |
| Network Name | MultiPlan | N/A |
| Coinsurance Carrier / Member | 80% / 20% | 60% / 40% |
| Telemedicine | \$5 Copay | N/A |
| Primary Physician Service | Ded. + 20% | Ded. + 40% |
| Specialist Physician Service | Ded. + 20% | Ded. + 40% |
| Preventive Care | Covered 100% | Ded. + 40% |
| Inpatient Hospitalization | Ded. + 20% | Ded. + 40% |
| Outpatient Surgery | Ded. + 20% | Ded. + 40% |
| Emergency Room | Ded. + 20% | In-Network Ded. + 20% |
| Urgent Care Services | Ded. + 20% | Ded. + 40% |
| Diagnostic Lab / X-Ray | Ded. + 20% | Ded. + 40% |
| Advanced Imaging | Ded. + 20% | Ded. + 40% |
| Prescription Drugs | \$10 / \$35 / \$70, after the Annual Deductible has been met | N/A |
| Mail-Order (90 Days) | 2.5 X Retail Copay, after the Annual Deductible has been met | N/A |
| Prescription Formulary | Southern Scripts | N/A |
| Out-of-Pocket Max Individual / Family | <i>Calendar Year</i> \$5,000 / \$10,000 (Embedded) | <i>Calendar Year</i> \$6,000 / \$12,000 (Embedded) |

| Semi-Monthly Deductions (24x Per Year) | HDHP / HSA Plan |
|---|-----------------|
| Employee | \$0.00 |
| Employee + Spouse | \$277.98 |
| Employee + Child(ren) | \$234.79 |
| Employee + Family | \$529.34 |

*An **embedded** deductible is a system that combines individual and family deductibles in a family **health insurance** policy. When a **health** plan has **embedded** deductibles, it just means that a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in. If you have family medical insurance with an **embedded** deductible, your plan has both individual and family deductibles. (In other words, there is an individual deductible **embedded** within the family deductible.)

HEALTH SAVINGS ACCOUNT

HEALTH SAVINGS ACCOUNT KEY POINTS

Enrollment in the medical plan being offered through **Imagine360** allows you to open a Health Savings Account (HSA) where you can deposit money to pay for your health expenses. Morgan Auto Group has partnered with Valley National Bank to make opening an HSA easier for you. Contributions to your HSA are tax deductible, and income earned on funds in the HSA grows tax-deferred. Your HSA may also be invested into a number of mutual funds, allowing you to invest tax-free to save for either retirement or qualified expenses.

- The HSA is your account. The funds deposited into your HSA belong only to you. They can be used to pay for your health care expenses, as well as the eligible expenses of your legal spouse and dependent children, even if they are not enrolled in the plan with you.
- You can only spend what is available in the account, just like a regular checking or savings account.
- Funds from the HSA can be used to pay for doctor's visits, hospital charges, pharmacy expenses, dental and vision expenses. The IRS determines what items qualify as eligible. *Important: If funds are used for non-eligible expenses, you will be charged the taxes you would have otherwise paid, as well as an IRS penalty.*
- You will receive a debit card to access the funds from your HSA and pay for your expenses.
- Whatever money is left in your account at the end of the year "rolls over" to the next year. It will continue to accumulate, and even earn interest, until age 65. This is not a "use it or lose it" account.
- When you visit an In-Network doctor's office, hospital, or pharmacy, you will pay 100% of **Imagine360** negotiated rate for the services provided. Once your medical and pharmacy expenses add up to the deductible, then **Imagine360** pays 80% of medical expenses, while you pay 20%. Once that 20% adds up to the Out-of-Pocket Maximum for the year, **Imagine360** will pay 100% of all other medical and pharmacy expenses for the remainder of the calendar year.

How much can I deposit into my Health Savings Account this year?

| Type of Coverage | 2023 HSA Contribution Limits* |
|------------------|-------------------------------|
| Individual | \$3,850 |
| Family | \$7,750 |
| Age 55+ | + \$1,000 |

*Morgan Auto Group's contributions count toward the annual contribution limits.

To help defer some of the costs of your medical bills Morgan Auto Group will deposit \$20.83 on 24 paychecks during the calendar year for a total of \$500.00 towards your expenses. Morgan Auto Group also will match 20% of what you contribute to your HSA for a maximum of another \$500.00.

This means that of the \$3,000 deductible you have on the plan up to \$1,000 could be covered by the Morgan Auto Group.

Welcome to your health plan



We're here to support you every step of the way.

We understand - benefits are complex. The good news is that we are committed to making it easier for you with personal, proactive support. Our 360-degree member support offers complete guidance for all your healthcare needs. This includes finding providers, support from licensed medical professionals to help manage medical conditions, and answering coverage and billing questions.

Our compassionate member experience team is here to listen and advocate on your behalf. We look after you and your family and make it easy for you to get the help you need.

Call the number on the front of your Benefits ID card

We can assist you with:

- Benefits information
- Finding a doctor
- Questions about a condition or treatment plan
- Information about a claim or bill

We can provide the support you need, when you need it.

Get the most out of your health plan

Your health plan includes complete healthcare guidance, as well as price protection and billing assistance. Just contact the member experience team by calling the number on your Benefits ID card.

Complete Healthcare Guidance (live and digital resources)

We will help you find and compare providers based on quality metrics, cost and other information so that you can make an informed choice. Finally, no more random internet searches. You'll get real-time, industry-leading data.

Health and Clinical Support

Our team of licensed medical professionals and counselors are here to help you manage medical conditions like diabetes, asthma and heart disease. We'll also help you understand a new diagnosis or treatment plan, manage your medications, and even schedule appointments.

Price Protection and Billing Support

Your health plan has built-in price protection to make sure you don't overpay for care. Claims are reviewed to make sure they don't exceed your plan's allowable limits. If a provider does not accept your plan's payment, they may send you a bill for the difference. We can work to get it resolved; be sure to notify us right away if you have a question about a bill.



Benefits ID Card

Your Benefits ID card has all the information you and your provider need. Make sure to:

- ✓ Always present your Benefits ID card with you when you go to a healthcare provider
- ✓ Ask the provider to call the phone number on the card if they have any questions about your benefits coverage

We're here for you with expert service and support.

Use the contact information on your **Benefits ID card** to get in touch with a member experience representative.

Stay Connected with Your Health Benefits

Get 24/7 access to your benefits plan. Sign up for the *miBenefits* portal today!

Our dynamic dashboard puts everything you need right at your fingertips:

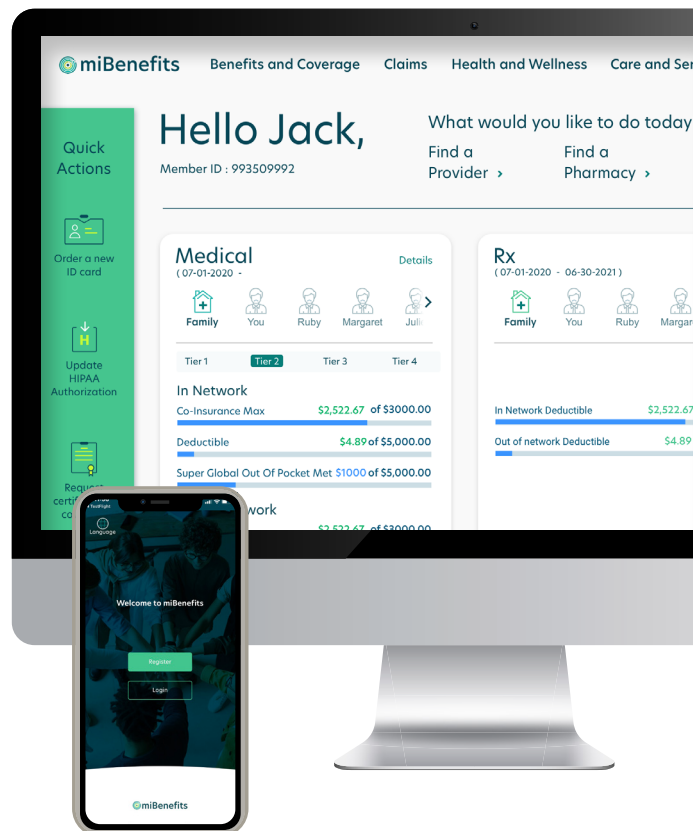
- Find a provider
- View claims
- Order a new ID card
- Track deductible and copays

Get Started Today - Visit miBenefits.gpatpa.com!

The *miBenefits* portal makes it simple for you to keep track of expenses and plan for medical bills. Some features to check out:

- Get real-time claim status
- View how you're tracking towards meeting deductibles and out-of-pocket maximums
- Review benefits for each family member
- Access electronic copies of your Explanation of Benefits

* You must set up a new account for *miBenefits* -- your login credentials from the previous portal will not work.



Download the *miBenefits* portal app on your mobile device today.

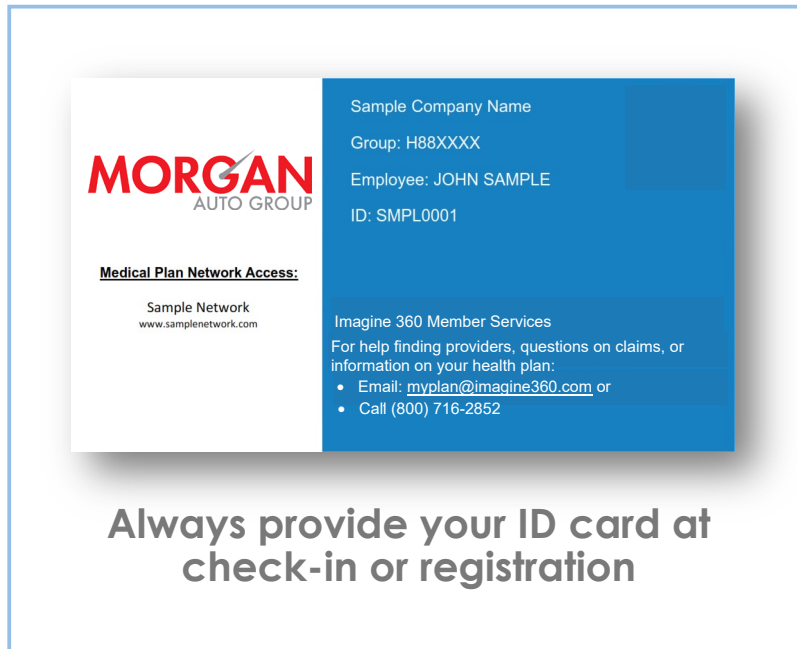


We're here for you with expert service and support.

Use the contact information on your Benefits ID card to get in touch with a member experience representative.

Understanding Your Benefits ID Card

It includes all the information you and your provider need



Understanding Your Benefits ID Card

It includes all the information you and your provider need

- Always bring your ID card with you when you go to a provider
- Make sure to provide the card at check-in
- Encourage office staff to call the provider number listed if they:
 - Have questions about your eligibility for benefits
 - Indicate that they don't accept your benefits
- Call the member services number (800-716-2852) if you are asked to pay upfront at anytime

Have questions about your coverage?
Call the number on your Benefits ID Card : 800-716-2852

Using Your Benefits ID Card

Your Benefits ID card may look different from other cards you've had, but it has all the information you'll need about your plan.



Your card includes the contact information for your member support team. We handle it all.

- ✔ Answer questions about your benefits
- ✔ Direct you to the right medical provider
- ✔ Help you with a claim or bill

When you go to a healthcare provider for care, there are a few "rules of the road!"

- At check-in or registration, provide your Benefits ID Card.
- If they have questions, tell them to call the provider phone number on the card.
- If they indicate that they don't accept your insurance, encourage them to call the provider phone number to verify your eligibility for benefits.
- At any time, if you are asked to pay more than your copay or deductible (if applicable) up front, immediately call us to speak to someone who will work to resolve the issue.

If a provider indicates they don't accept your health plan, please call us at the number on your Benefits ID card.

We'll get the details of your request and speak to providers on your behalf. We can also help you find the best options for care, which might include coordinating with your current provider or locating another provider.

We are here to help you make the most of your health plan.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

Making Sure You Don't Overpay for Care Price Protection and Billing Support

While you focus on getting better, we focus on the bills. We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair.



We help with bills from:

- ✓ Hospital Visits
- ✓ Emergency Rooms
- ✓ Outpatient Surgery
- ✓ Doctor Visits and Check-ups*

*Depending on your health plan benefits

We examine every bill line-by-line so you don't overpay for healthcare. Claims are reviewed to make sure they do not exceed your plan's allowable limits and that there are no errors. If there's an adjustment made to a provider reimbursement after the review, we will notify you. That's when you need to be on the lookout for a balance bill. If you receive one, send it to us right away.

Only Pay What's Fair

Overinflated healthcare bills cause plans to raise rates and members to pay more. We're here to help eliminate this problem so everyone only pays what's fair.

We help:

- Limit healthcare charges to what's fair and reasonable
- Eliminate excessive charges
- Avoid overpayments for healthcare needs

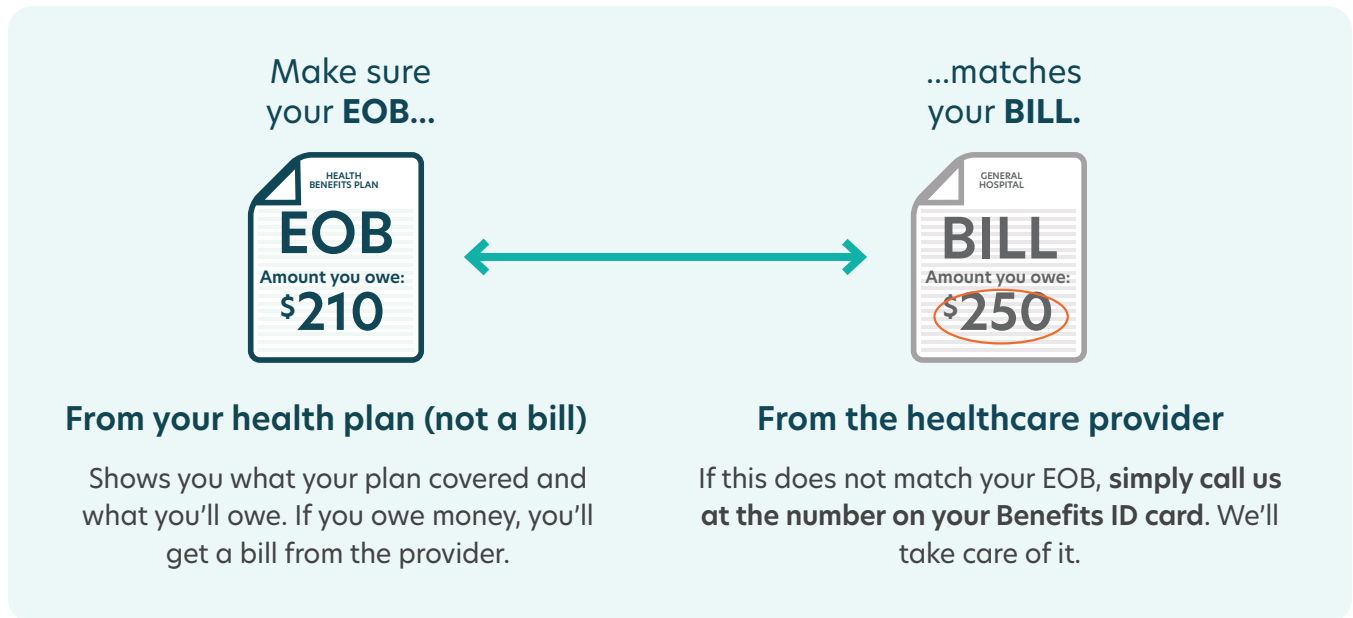
GENERAL HOSPITAL

| | |
|--------------------------|-------------------|
| CT Scan | \$2100 |
| | \$500 |
| Therapy Eval | \$330 |
| Surgical Supp | \$312 |

YOUR PART: Identify Balance Bills

After you receive medical care, we will review every provider bill to catch overcharging or billing errors. If we find any, the provider is notified and sent an adjusted payment. Most of the time, providers accept this payment amount.

We need you to compare the “amount you owe” on the EOB and the bill sent by the doctor or facility. If they don't match, this is a balance bill. We can help - just send it to us!



Here are three simple things that you need to do:

1. Compare bills from your provider to the EOB from your health plan.
2. Send the bill to us if they do not match (mail, fax or email), so we can work on your behalf.
3. Watch your mail for any additional provider bills to send to us.

OUR PART: Advocate on Your Behalf

Most of the time, you'll never have a reason to contact us about a bill. But if you do, you can count on our dedicated team of advocacy experts, including legal support, if needed. Just call us at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST


UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB)

Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

IMAGINE360
1550 LIBERTY RIDGE DRIVE
WAYNE, PA 19087
PLAN PART (972) 238-7900 (800) 827-7223
PROVIDERS (972) 744-2486 (866) 206-3224
7:00AM-9:00PM CST MON-THURS
7:00AM-7:00PM CST FRIDAY



Temp-Return Service Requested

000720-001081-000001-001081 2009660 3472CK02_1

JOE SMITH
1234 W ANY STREET
ANY TOWN, US 12345-6789

ABC Company
EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Group#: H8707123456789 **1**
Date: 05/13/2021
Employee: JOE SMITH
Patient: MARY SMITH
Document #: 16123456789
Patient ID: NAHA1234
EOB#: 2012345-939

2

| Provider/ Nature of Service | Dates of Service From To | Charges Submitted | Ineligible | Code ** | Discount | Copay | Deductible | % Plan Pays | Benefit Payable |
|---------------------------------------|-----------------------------|----------------------|------------|------------|----------|-------|------------|----------------|--------------------|
| COMMUNITY HOSPITAL OP SURGERY HOSP | 02/16/21 02/17/21 | 52759.01 | 40305.75 | 1 | | | | 80% 100% | 3344.92 8272.11 |
| TOTAL: AMOUNTS | | 52759.01 | 40305.75 | | | | | | 11617.03 |

3

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.
EXPLANATION OF CODE

882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

4

| SUMMARY OF SUBMITTED CHARGES | | PATIENT RESPONSIBILITY | |
|---------------------------------|----------|------------------------------|---------------|
| TOTAL SUBMITTED CHARGES | 52759.01 | INELIGIBLE CHARGES | 40305.75 |
| TOTAL BENEFITS PAID | 11617.03 | PATIENT'S DEDUCTIBLE | |
| TOTAL DISCOUNT | | PATIENT'S CO-PAY | |
| OTHER INSURANCE CARRIER PAYMENT | | PATIENT'S COINSURANCE | 836.23 |
| | | TOTAL DUE TO PROVIDER | 836.23 |

YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00 THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

| PAYEE NAME: | AMOUNT: |
|--------------------|------------|
| COMMUNITY HOSPITAL | \$11617.03 |

1. Basic information about the claim, including the patient ID and the EOB number.
2. This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.
3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.
4. This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.

Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST



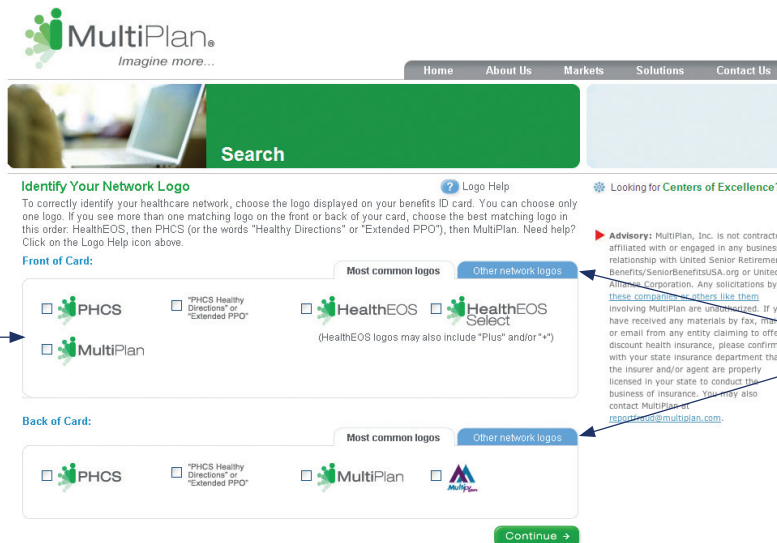


Imagine *more.*

Find a Provider in Four Easy Steps

To locate providers participating in the HealthEOS, PHCS and/or MultiPlan networks, including ValuePoint by MultiPlan®, visit www.multiplan.com and click “Search for a Doctor or Facility.” Then, follow these four easy steps to identify your providers of choice.

Step 1: Identify Your Network Logo. The network used by your health plan is identified by a logo on your benefits identification card. Toggle between the “Most common logos” and “Other network logos” tabs to match the logo that most closely resembles the one(s) on your card. If you see more than one matching logo on the front or back of the card, choose the best matching logo in this order: HealthEOS, then PHCS, then MultiPlan. You may select only one logo; however, if you also see the words “Healthy Directions” or “Extended PPO” on your card, please also select that option.

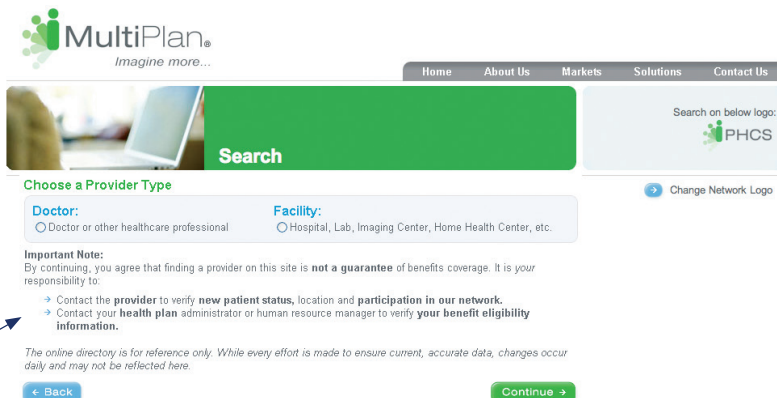


If you have matching logos on both the front and back of the card, select the logo(s) on the front.

Click “Other network logos” if you don’t see a match on the front, before moving to the back. Note that ValuePoint can be found on this tab.

If you cannot determine from the front or back of the card which logo to select, click on “My logo is not here” and you will be allowed to search select providers in the MultiPlan Network. You may also call the customer service number provided on your benefits identification card for assistance.

Step 2: Provider Type. Choose between Doctor and Facility. Then read and acknowledge the conditions that apply to this online search tool.



Depending on your health plan, the provider you select may not be available and the services you need may not be covered. Before scheduling an appointment, you should always follow these two steps.

Your selected logo is displayed in the blue box.

Click here to select a different logo.

MULTIPLAN NETWORK

Finding a Doctor or Facility

Step 3: Refine Provider Criteria. You will see one of the two forms shown below, depending on the type of provider chosen. Location is required and must be entered as one of the following combinations: zip code plus distance, city plus state, or county plus state.

Step 3 for Doctors

Enter search criteria [? Search Help](#)

Location:
Within miles of ZIP code:
or
City: State: County:

Type of Doctor:
Specialty: Behavioral Health:
Primary Care:
Surgery:
All Specialties:

Name:
Doctor's Name: First: Last:

[More Search Options](#)

[← Back](#) [Continue →](#)

Click here to also specify gender, languages spoken and hospital affiliations.

Step 3 for Facilities

Enter search criteria [Change Network Logo](#)

Location:
Within miles of ZIP code:
or
City: State: County:

Type of Facility:
 Acute Care Hospitals
 Behavioral Health & Chemical Dependency
 Diagnostic Lab & Radiology
 Home Care & Durable Medical Equipment
 Outpatient Care
 Physical Therapy & Rehab
 Other

Facility Name:
Full or Partial Name: (optional)

[← Back](#) [Continue →](#)

Step 4: Results. Providers matching your search criteria will be displayed on the page(s) to follow. Move from page to page by clicking on the page number or Previous and Next arrows. Results are displayed in random order, but you can re-sort them by clicking on any underlined column heading.

MultiPlan
Imagine more...

Home About Us Markets Solutions Contact Us

Search on below logo: PHCS

Results [Printer Friendly](#) [Change Network Logo](#)

See Important Notice About Participating Providers Below
Click the name to view details.

Displaying 1-1 of 1 results found

| <u>Name</u> | <u>Facility Type</u> | <u>Telephone</u> |
|---|----------------------|------------------|
| Dominican Hospital ** 1555 Soquel Dr Santa Cruz, CA 95065 | Acute Care Hospitals | 831 462 7700 |

Displaying 1-1 of 1 results found

Search Criteria:
Search Type: Facility
Location: Santa Cruz, CA
ZIP:
County:
Type of Facility: Acute Care Hospitals
Facility Name:

Important Note: Certain limitations regarding access to this healthcare provider may apply to your plan. Before seeking care from this provider, please be sure to confirm access by calling the provider, or by calling MultiPlan at 866-680-7427.

Provider information contained in this Directory is updated at least weekly and may have changed. Before scheduling your appointment or receiving services, check with the provider to confirm participation in the network, location, and if the provider is accepting new patients.

[← Begin New Search](#) [Nominate a Provider →](#)

Click on the name to see more detail about this provider.

Your search criteria are summarized here for your convenience.

A Printer Friendly icon is available for easy viewing of your search results on a printed page. You may print the listed providers or the details for a specific provider. Simply click on the Printer Friendly icon, send the results to your printer, and then close the window.



Processing Information

Group Number: **Reference Member ID Card**
Cardholder ID Format: **Reference Member ID Card**
Bin Number: **015433**
PCN: **SSN (Southern Scripts Network, not SSN#)**
PBM: **Southern Scripts**

Contact Information

24/7/365 support available

Hours of Operation

Monday-Friday

6:00 AM - 10:00 PM CST

Saturday

8:00 AM - 6:00 PM CST

Sunday

8:00 AM - 5:00 PM CST

Contact

Toll Free: (800) 710-9341
Fax: (318) 214-4190
Website: southernscripts.net

Network Pharmacy Locator

 southernscripts.net/members.php

A pharmacy network is a group of pharmacies that are contracted with Southern Scripts to provide covered products and services to members at discounted rates. The Southern Scripts pharmacy network consists of independent and retail pharmacies. The Network Pharmacy Locator Tool allows members to search for a list of pharmacies near a specific location that are inclusive to the Southern Scripts pharmacy network. To access the Network Pharmacy Locator, please visit the website to the left.

| | |
|----------------|---------------------------------------|
| Zip Code: | <input type="text"/> |
| Bin: | <input type="text" value="015433"/> |
| Group Code: | <input type="text"/> |
| Search Radius: | <input type="text" value="15"/> |
| | <input type="button" value="Search"/> |

1. Enter your ZIP code
2. The Southern Scripts Bin Number is **015433**
3. Enter your Group Code found on your insurance/prescription card
4. Select your search radius based on your ZIP code



FirstChoice™ is the preferred pharmacy network of Southern Scripts. Members of Southern Scripts have access to reduced prescription costs at participating FirstChoice™ pharmacies. FirstChoice™ pharmacies are noted with the FirstChoice™ logo on the Network Pharmacy Locator page.

 Pharmacy is contracted as a FirstChoice™ pharmacy



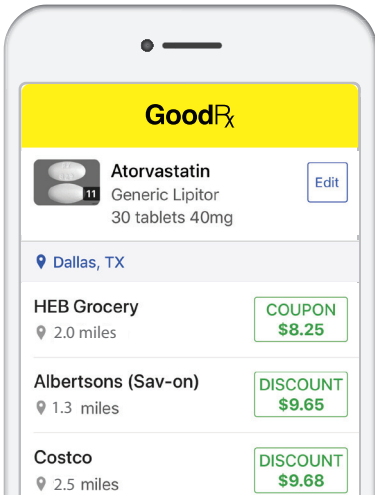
Pharmacy is contracted for specialty medications



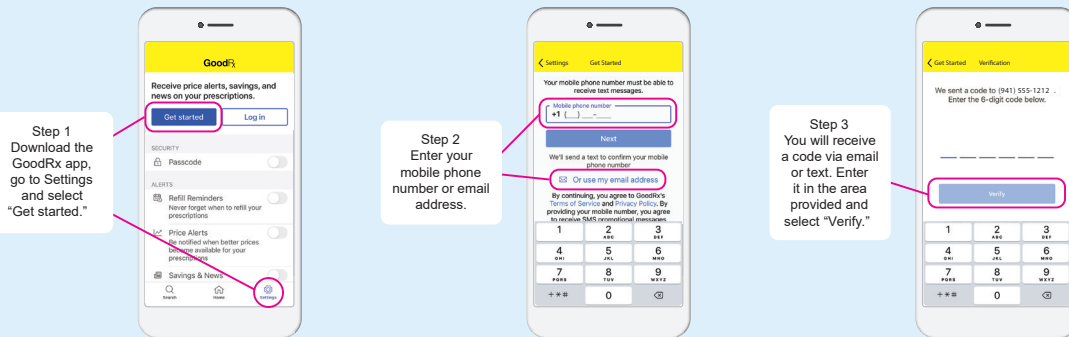
Pharmacy is contracted for vaccines

Save up to 80% on your prescriptions.

Search, compare and save with the **FREE** GoodRx app.



It's easy to create your free GoodRx account:



Scan this QR code or visit goodrx.com/mobile to download the **FREE** GoodRx app.



Accepted at 70,000+ U.S. pharmacies, including:



The **FREE** GoodRx app allows you to:

Search and compare to find the lowest prices for your prescriptions at local pharmacies.

Get free coupons — save up to 80% on your prescriptions.

Save your prescriptions to track prices and get notified with savings alerts.



Access to Americas Largest Network of High Quality Imaging Providers at **\$0 Out-of-Pocket for MRI, CT and PET Scans***

KISx Card has partnered with **One Call** to bring you KIS Imaging... Offering an easy to use scheduling service that saves you time and money!

KIS Diagnostic Imaging Program broadens your health care choices and saves you money - by providing substantial discounts on MRI, CT and PET procedures whenever you use our network of participating providers.

UP TO 80% SAVINGS ON MRI, CT, & PET SCANS*

| ACTUAL SAVINGS FOR A CURRENT MEMBER: | | | |
|--------------------------------------|-------------|-----------------------|-----------------------|
| Scan | Avg. Charge | Avg. KIS Imaging Cost | Dollar Savings |
| MRI | \$2,900 | \$800 | \$2,100 72% |
| CT | \$1,200 | \$500 | \$700 60% |
| PET | \$5,400 | \$1,700 | \$3,700 69% |

Note: Savings may vary based on providers and geographical location.

THE BENEFITS

- \$0 Out-of-Pocket saves you money*
 - No co-pay
 - No Co-Ins
 - No deductible
- First Class Scheduling Service guides you through an easy and stress free scheduling process
- No precertification allows you to schedule at your convenience.
- Included in your existing benefits plan at no additional cost to you* must schedule at the number provided in order to receive discounts.

HOW DOES THE PROGRAM WORK?

Before you or a covered family member are scheduled for an MRI, CT or PET scan, simply call: **888.458.8746**

Our scheduling service will help you choose a provider from our network of more than 2,600 nationwide radiology centers convenient to your home or work.

Once a provider is selected, our agents will confirm your benefits and schedule your appointment. A three-way call will be arranged to confirm the appointment and answer any questions you may have regarding your test and benefits.

Our agents will handle all of the paperwork so all you have to do is show up for the appointment!

Members must schedule the procedure through our scheduling service to receive the benefits.



Call **888.458.8746** to schedule.

*0 Out-of-Pocket is not applicable to HSA or MEC Plans



TELEHEALTH FOR YOU.

Meet Sam, your 24/7 personal healthcare provider.

No waiting rooms. Our team of medical providers is ready to care for you, right from your phone, desktop or mobile app.



Urgent or Emergent Care



Primary Care



COVID-19 Care



At-Home Testing



Prescriptions



Medical Questions & More!

Powered by UCM Digital Health, the dedicated team of medical providers you'll meet when you use Sam are here to help you whenever you need.

Sam provides convenience, quality and immediate availability for patient care—whether illness, injury or simply seeking medical knowledge. Our emergency-medicine-trained staff is skilled in all conditions—common or complex, we are here for you. Our dedicated team of medical doctors offer clinical resolutions and our care coordinators can schedule labs, imaging, and other medical services our medical providers order.



No need to search the web for your medical information!

Through Sam, you have instant access to UpToDate clinical information, which provides accurate, easy-to-understand, reliable medical information that helps you become better informed about your care.

You can choose how you would like to start a consult:

A

SAM BY UCM MOBILE APP



B

VISIT WWW.GOSEESAM.COM



C

CALL US BY PHONE

844-4-VIP-DOC
(844-484-7362)

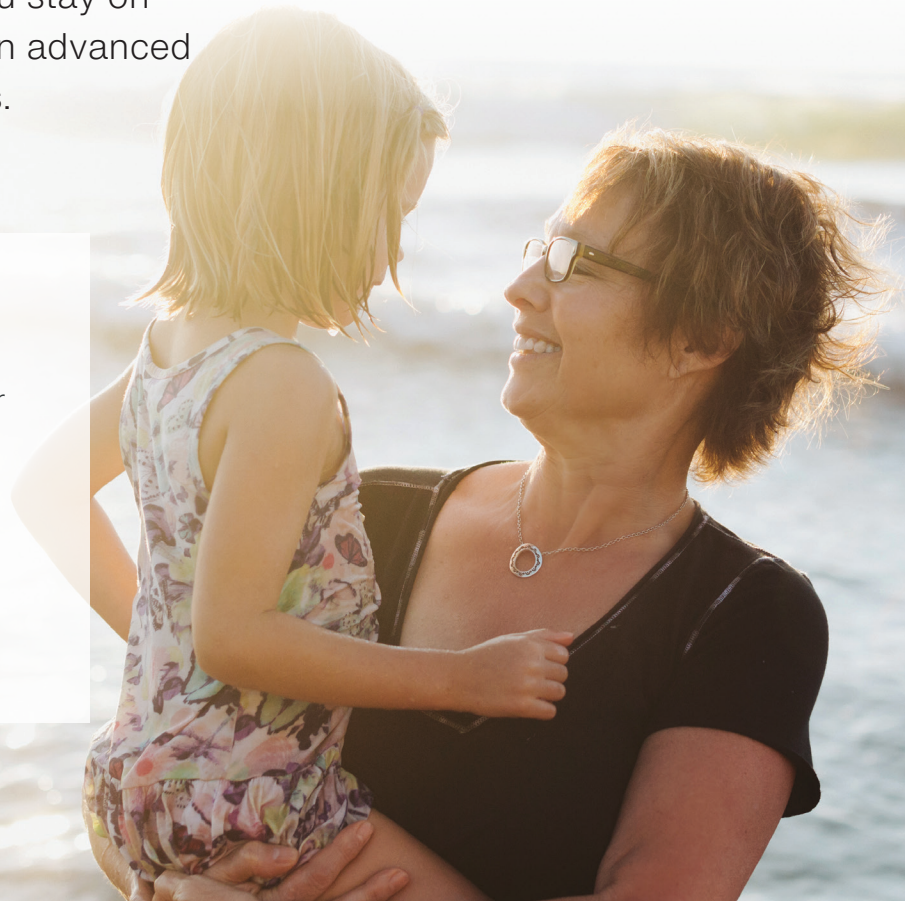
Modern Diabetes Management, At No Cost to You



Imagine360 and Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets.

PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ Guidance on healthy habits



GET STARTED



Text **"GO MYPLAN"** to **85240** to learn more & join

You can also join by visiting join.livongo.com/MYPLAN/register, or contact your Health Plan at the number on your benefits ID card, or call Livongo Member Support at **(800) 945-4355** and use registration code: **MYPLAN**

The program is offered at no cost to members and dependents that have coverage through the Medical plan.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/MYPLAN

Participation in the Imagine360 and Livongo Program is optional and you can change your level of participation anytime. For more information regarding your rights and responsibilities with this program, please refer to your health plan's website or call the phone number on your benefits ID card.

DENTAL BENEFITS

Morgan Auto Group is pleased to partner with **UnitedHealthCare** to offer Dental coverage this year. Your annual Open Enrollment period gives you the opportunity to enroll in one of three plans. Both PPO plan offer the choice of using wither In-Network or Out-of-Network providers.

| UNITEDHEALTHCARE DENTAL PLANS | | | | | |
|---|------------------------------|---|--------------------|---|--------------------|
| Coverage | DMO D1069 | PPO 1 4P548 | | PPO 2 4P547 | |
| | Network Name: Solstice S800B | Network Name: Options PPO 30 | | Network Name: Options PPO 30 | |
| | In-Network Only | In-Network | Out-of-Network* | In-Network | Out-of-Network* |
| Deductible Individual / Family | N/A | Calendar Year \$50 / \$150 | | Calendar Year \$50 / \$150 | |
| Maximum Annual Benefit Calendar Year | | \$1,000 | \$1,000 | \$1,500 | \$1,500 |
| Preventive | See Fee Schedule | 100% | 100% After Ded. | 100% | 100% After Ded. |
| Basic | See Fee Schedule | 80% After Ded. | 50% After Ded. | 80% After Ded. | 80% After Ded. |
| Major | See Fee Schedule | 50% After Ded. | 30% After Ded. | 50% After Ded. | 50% After Ded. |
| Orthodontia | See Fee Schedule | Covered 50% \$1,000 Lifetime Maximum Child Only to age 19 | | Covered 50% \$1,000 Lifetime Maximum Child Only to age 19 | |

*Plans with Out-of-Network benefits may require greater cost share (Deductible/Coinsurance) and charges may exceed the carrier's "reasonable and customary" rate or "maximum allowable charge", this may result in leaving the member paying the balance. Some plans do not cover claims from Out-of-Network providers. Please refer to the summary of benefits or contact the carrier to better understand Out-of-Network coverage.

| Semi-Monthly Deductions (24x Per Year) | DMO | PPO 1 | PPO 2 |
|---|---------|---------|---------|
| Employee | \$5.78 | \$10.39 | \$18.33 |
| Employee + Spouse | \$10.12 | \$23.00 | \$40.93 |
| Employee + Child(ren) | \$12.53 | \$32.21 | \$52.12 |
| Employee + Family | \$15.90 | \$44.84 | \$74.71 |

VISION BENEFITS

Morgan Auto Group offers vision coverage through **UnitedHealthCare**. There is one plan to choose from. Visit an In-Network provider to access benefits for annual eye exams, prescription contacts, or lenses and frames. If you visit an Out-of-Network provider, you may be required to submit a claim to **UnitedHealthCare** to access your benefits.

| UNITEDHEALTHCARE VISION PLAN F2985 | | | |
|---|--|--|-----------------------|
| Coverage | In-Network | Out-of-Network | Frequency of Benefits |
| Eye Examination | \$10 Copay | Reimbursed up to \$40 | Once Every 12 Months |
| Eyeglass Lenses (Standard Plastic): Single Bifocal Trifocal Lenticular | \$25 Copay | Reimbursed: up to \$40 up to \$60 up to \$80 up to \$100 | Once Every 12 Months |
| Eyeglass Frames | \$150 Allowance + 30% off Balance over \$150 | Reimbursed up to \$70 | Once Every 24 Months |
| Contact Lenses ** Selection Contacts Non-Selection Contacts | Up to 6 boxes (Fitting & Follow-up covered at 100%) \$150 Allowance | Reimbursed up to \$150 | Once Every 12 Months |
| Laser Vision Correction | Discount Pricing Available | N/A | N/A |

** If elective (in lieu of glasses coverage, outside the covered-in-full section)

| Semi-Monthly Deductions (24x Per Year) | UnitedHealthcare Vision Plan |
|--|------------------------------|
| Employee | \$3.18 |
| Employee + Spouse | \$6.36 |
| Employee + Child(ren) | \$6.04 |
| Employee + Family | \$10.38 |

DISABILITY INSURANCE

SHORT-TERM AND LONG-TERM DISABILITY

Disability insurance provides income protection, should you become disabled due to a non-work-related illness or injury. Premiums are based on your age and salary and will be payroll deducted. Refer to your **Unum** plan and enrollment documents for rate sheets, premium calculation examples, and complete plan information.

| Coverage | Short-Term Voluntary (Employee Paid) | Long-Term Voluntary (Employee Paid) |
|---------------------------------|---|--|
| Benefit Pays | 60% of Average Salary | 50% of Average Salary |
| Maximum Benefit | \$2,000 per Week | \$8,000 per Month |
| Elimination Period | 14 Days | 180 Days |
| Maximum Benefit Period | 24 Weeks | Social Security Normal Retirement Age |
| Evidence of Insurability | Late Entrants* | Late Entrants* |
| Pre-Existing Limitation | The disability plans have a 3 month look back period. If you have been treated for an illness or injury 3 months prior to the effective date of the plan, benefits will not be payable until 12 months after coverage begins. | |

*Late Entrants: A Late Entrant is anyone who enrolls in this disability plan more than 31 days after becoming eligible for the plan. Late Entrants may be subject to provide Evidence of Insurability.



BASIC GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Morgan Auto Group provides all benefits eligible employees with Group Term Life and matching AD&D in the amount of \$20,000 through **Unum**. Benefit reductions begin at age 65.

It is your responsibility to keep an updated beneficiary form on file.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Additional life and AD&D insurance is available for purchase on yourself, your spouse, and your child(ren) on a voluntary basis. Premiums are based on your age and the coverage amount selected and will be payroll deducted. See your **Unum** enrollment kit for employee, spouse, and child rate information. Refer to your **Unum** plan documents for complete benefit information.

| Insured | Available Increments | Maximum Benefit | Guarantee Issue |
|------------|----------------------|--|-----------------|
| Employee | \$10,000 | 5 X Annual Earnings up to \$500,000 | \$200,000 |
| Spouse | \$5,000 | 100% of Employee election up to \$250,000 | \$25,000 |
| Child(ren) | \$1,000 | Age 14 days to 6 months: \$1,000 Age 6 months to 20 (26 if full-time student): up to \$10,000 | \$10,000 |



VOLUNTARY WORKSITE BENEFITS

HOSPITAL INDEMNITY INSURANCE

Morgan Auto Group recognizes that a hospital admission and confinement can result in expenses, both foreseen and unforeseen. That's why through **Unum** you have the opportunity to enroll in a Hospital Indemnity Plan. This plan is designed to pay you directly when you need it most and the funds can be used however you choose: to help pay for Out-of-Pocket medical expenses like deductibles and coinsurance. *To enroll in the Hospital Indemnity Plan an employee must be enrolled in the Medical Plan being offered by Morgan Auto Group.*

| Benefit Highlights* | |
|------------------------------|--|
| Hospital Admission | \$1,000 per admission to a max of 1 admission per calendar year, per insured |
| Hospital Confinement | \$100 per day to a max of 60 days per calendar year, per insured |
| ICU Confinement | \$200 per day to a max of 15 days per calendar year, per insured |
| ER/ Urgent Care Benefit | \$150 |
| Pre-Existing Condition Limit | 6 month look back period, 12 month exclusion period |

*Please review your **Unum** plan documents for full plan details and limitations.

| Semi-Monthly Payroll Deductions (24x Per Year) | Hospital Indemnity Insurance | | | |
|---|------------------------------|-------------------|-----------------------|----------------------------|
| | Employee | Employee + Spouse | Employee + Child(ren) | Employee+Spouse+Child(ren) |
| Age 17-49 | \$7.64 | \$13.73 | \$11.83 | \$17.92 |
| Age 50-59 | \$10.69 | \$21.33 | \$14.88 | \$25.52 |
| Age 60-64 | \$15.15 | \$31.59 | \$19.34 | \$35.78 |
| Age 65+ | \$21.64 | \$21.64 | \$25.83 | \$49.11 |

CRITICAL ILLNESS INSURANCE

Unum's Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered, specified critical illness such as cancer, heart attack, stroke or specified disease. Even those who plan for unexpected events with life, disability and health insurance may discover that some expenses associated with a critical illness can still remain unpaid. Without adequate protection, you may have to access retirement savings or rely on other financial sources in your time of need. This policy helps preserve your lifestyle in the event of a specified critical illness. It provides benefits to you directly and allows you to use the funds however you choose. *This plan does have a pre-existing condition limitation. There is a 6 month look back period and 12 month exclusion period.*

You can elect coverage for yourself, your spouse and children. Rates are based on coverage amount selected. Refer to your **Unum** plan documents for rate information.

If you enroll in the **Unum** Critical Illness plan there is a \$50 wellness benefit for each covered person per calendar year, when the covered individual completes their annual preventive wellness visit.

| Coverage Level | Coverage Amount* |
|----------------|---------------------------------|
| Employee | \$10,000 |
| Spouse | \$5,000 |
| Child | 50% of Employee coverage amount |

*Please review your **Unum** plan documents for full plan details and limitations.

VOLUNTARY WORKSITE BENEFITS

ACCIDENT INSURANCE

Unum's Accident Insurance is an indemnity plan that provides you and your family with hospital, doctor, Emergency Room, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the unexpected Out-of-Pocket medical and non-medical expenses associated with an accident. Your Accident Insurance offers benefits for accidents on and off the job. Please refer to your Unum plan documents for full plan details, limitations and exclusions.

| Benefit Highlights* | Pay Out* |
|--|----------------------|
| Ambulance | |
| Ground | \$400 |
| Air | \$1,500 |
| Hospitalization Benefits | |
| Admission; or Intensive Care Unit Admission <i>(Either Admission or Intensive Care Admission benefit is payable once per covered accident)</i> | \$1,000 \$1,500 |
| Confinement <i>(per day up to 365 days per covered accident)</i> | \$200 |
| Intensive Care Unit Confinement <i>(per day up to 15 days per covered accident)</i> | \$400 |
| Emergency Room Treatment | \$150 |
| Medical Imaging Test (MRI, MR, CT, CAT, EEG) | \$200 |
| Fractures | \$75 - \$7,500** |
| Burns (2nd degree and 3rd degree) | \$1,000 - \$10,000** |
| Accidental Death | |
| Employee | \$50,000 |
| Spouse | \$20,000 |
| Child | \$10,000 |

*Please review your **Unum** plan documents for full plan details and limitations.

**Varies based on kind. See plan document for more details.

If you enroll in the **Unum** Accident plan there is a \$50 wellness benefits for each covered person per calendar year, when the covered individual completes their annual preventive wellness visit.

| Semi-Monthly Deductions (24x Per Year) | Accident Insurance |
|--|--------------------|
| Employee | \$6.50 |
| Employee + Spouse | \$10.58 |
| Employee + Child(ren) | \$11.76 |
| Employee + Family | \$15.84 |

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

**Better
benefits
at work.™**

unum.com

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2058-1 FOR EMPLOYEES (10-20)

FLORIDA QUIT PROGRAM

The goal of our healthcare program is to provide you and your insured family members with access to services that promote healthier lifestyles.

If you are a tobacco user, you already know that one of the best things you can do for your health is to quit smoking. Morgan Auto Group supports those efforts and has a program in place to help you take action.

DID YOU KNOW THAT QUITTING SMOKING IMPROVES YOUR HEALTH IMMEDIATELY?

- Your blood pressure lowers 20 minutes after your last cigarette.
- Your risk of heart attack decreases after 24 hours.
- You may experience fewer colds, flus and fewer attacks if you have conditions like asthma.
- You are less likely to develop
 - Asthma
 - COPD (including bronchitis and emphysema)
 - Heart disease
 - Diabetes

The best thing is these benefits increase the longer you stay tobacco free. Aside from the health benefits you gain from quitting tobacco, you can also benefit your wallet.

The average smoker spends more than \$1,800 per year on tobacco. For an employee making \$30,000 per year, quitting smoking is like getting a 6 percent pay increase.

DID YOU KNOW?

Nearly 70% of smokers want to quit according to the CDC. 25% have attempted quitting, and 4% to 7% are able to quit smoking without medication or smoking cessation programs.

- Smoking cessation programs have successful quit rates ranging from 10% to 30%.

Join Morgan Auto Groups Smoking Cessation Program!



Employees can call the toll-free Florida Quit Line at 1-877-U-CAN-NOW (1-877-822-6669) to speak with a trained and certified quit Coach who will help assess their addiction and help them create a personalized quit plan. They will receive proactive coaching sessions, self-help materials, and quit aids like nicotine replacement therapy (PATCHES – 2 weeks).

These services are available at no cost to tobacco users who are ready to make a quit attempt.

Highlights of the program include :












- Proactive coaching sessions
- Self-help materials
- Free nicotine replacement therapy
- Counseling and materials in English, Spanish and Haitian Creole; translation services for all other languages and TDD service for the hearing-impaired.
- Personalized quit plan
- Access to dedicated coach

Call and sign up for your smoking cessation program today. If you participate in this program and become smoke free, you will be able to enjoy a **decrease in your monthly medical rates.**

Go online to www.quitnow.net/florida or call 1-877-U-CAN-NOW (1-877-822-6669) to quit today.



CARRIER CONTACTS

| Partner | Coverage | Phone / Website |
|--|--|--|
|  imagine360 | Medical | myplan@imagine360.com (800) 716-2852 |
|  | Health Savings Account (HSA) | www.valleynationalbank.com (727) 260-6425 Mobile App Available: Valley National Bank |
|  | Voluntary Worksite Benefits (Hospital Indemnity, Accident & Critical Illness Insurance) | www.unum.com (866) 679-3054 |
|  | Dental | www.myuhcdental.com (800) 445-9090 |
|  | Vision | www.myuhcvision.com (800) 357-0978 |
|  | Disability Insurance | www.unum.com (866) 679-3054 |
|  | Life Insurance | www.unum.com (866) 679-3054 |
|   | 401K | Adcock Financial Group Darlene Landor (813) 935-4091 DLandor@adcockfinancial.com Empower Retirement (855) 756-4738 www.empower-retirement.com |
|  | Home, Auto, Boat & Rental Insurance | info@morganinsuranceservice.com |
|  | Amity Benefits | support@amitybenefits.com (813) 250-2005 |

ADDITIONAL INFORMATION ABOUT MY PLAN

WHO PAYS FOR THE PREMIUMS OF MY HEALTH INSURANCE?

Morgan Automotive pays employee's monthly premium to keep the employee only coverage at \$0 per payroll.

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN?

A high-deductible health plan (HDHP) is a health insurance policy that has a lower monthly premium and a higher deductible. HDHPs typically cover all preventive, in-network care in full before the deductible is met. If a person needs any medical service outside of that, they must pay the full deductible before there is access to copays. HSA plans are also beneficial because they can be tied to an HSA bank account where deposited funds can be accumulated for medical expenses tax free.

AM I RESPONSIBLE FOR COPAYS ONCE I HAVE HIT MY OUT-OF-POCKET MAX?

No, once you have hit your out-of-pocket maximum, you are covered at 100% for all of your in-network covered medical and prescription expenses, including all co-pays and co-insurance.

WHAT EXACTLY DO I SAY WHEN ASKED WHO MY INSURANCE CARRIER IS?

The Physician network used is MultiPlan's Practitioner and Ancillary Only Network. If you have any questions regarding copays, deductibles or coinsurance, please call the member services number on the back of the ID card. Imagine360 is my Plan Administrator.

WHAT IF MY DOCTOR IS NOT PARTICIPATING IN THE NETWORK?

If your doctor is not participating in the MultiPlan network please contact member services you are still able to see that provider, however, the benefits will be considered out of network. If you would like to research providers that are in network, you can call member services and they can help locate participating providers in your area.

WHEN MY HOSPITAL BILL IS SENT TO IMAGINE360, AM I STILL RESPONSIBLE FOR ANY OF THE BILL?

Yes, you are always responsible for your deductible, co-insurance amounts, up to your annual out of pocket maximum amount. You will receive an Explanation of Benefits (EOB) from Imagine 360 regarding what portion of the bill is your responsibility

ONCE MY HOSPITAL BILL GOES TO IMAGINE360, HOW DO I KNOW WHAT I AM RESPONSIBLE TO PAY?

You will receive a "Patient Package" from Imagine 360. Included in this package will be the Explanation of Benefits (EOB) and a "HELP" letter explaining the assistance that can be provided. Once this is received your responsibility will be listed on the EOB that includes your deductible and co-insurance amounts, up to your out-of-pocket maximum amount. For additional help call member services.

IF IMAGINE360 NEGOTIATES A BALANCE BILL I RECEIVED AND DETERMINES THE HOSPITAL SHOULD BE PAID MORE, AM I RESPONSIBLE FOR ANY OF THESE ADDITIONAL CHARGES?

It depends if you have reached your deductible and maximum out of pocket amounts. If not, your only responsibility will be your deductible and co-insurance up to your maximum out of pocket.

ARE ULTRASOUNDS COVERED UNDER THE KIS IMAGING CENTERS?

No. KIS Imaging only covers CT scans, PET Scans and MRI's.

SOMETIMES WHEN I GO TO MY DOCTOR'S OFFICE, THEY SEND ME DOWN THE HALL TO ANOTHER PROVIDER FOR AN MRI (OR CT SCAN OR PET SCAN). CAN I STILL DO THIS?

Yes, you can still use the provider that is being suggested by your doctor's office, but you will be subject to your deductible and co-insurance. If it is a non-emergency, we would suggest getting a prescription for the diagnostic test that is needed and contacting Nurse Navigator to find a KIS Imaging Center so the test can be covered AT 100%.

IF I HAVE AN URGENT EMERGENCY HEALTH CONCERN, CAN I GO TO THE EMERGENCY ROOM?

Yes, you should go the emergency room for all emergency situations. Your visit will be subject to deductible and coinsurance. Keep in mind that urgent care centers can treat injuries and illnesses such as broken bones, minor injuries and burns, sports injuries, high fevers, etc., that are not true emergency situations. Many minor emergencies can also be treated by calling United Concierge Medicine.



This brochure and the plan charts contain the highlights of the benefit options available through the Morgan Auto Group's package. They are intended to only be an overview to assist in your understanding the options that are available to you and some of the important terms that you need to consider. The charts are not intended to reflect all plan provisions. If there is a discrepancy within this booklet, the carrier plan documents will always prevail. For complete details, be sure to read all individual insurance option booklets and materials. That information is important to help you decide what choices are right for you. The Human Resources Department has all plan documents and summary plan descriptions available for your review. Remember to call Human Resources if you have any questions.

MORGAN
AUTO GROUP



A M I T Y B E N E F I T S