

# Republic Plastics, Ltd.

*makers of private label foam tableware*



**Our quality.  
Your brand.  
Soar to new heights.**

# Introductions

- **Republic Plastics Team**

- Jason Schroeder, CFO
- Robbie Chance, Director of HR
- Laurie Magnon, Senior HR Manager
- Kelly Hackett, Executive Administrator

- **HealthComp (formerly BAS)**

- Jennifer Simpson

- **Fairos**

- Lori Davis

- **Alliant/Consultant**

- Matt Culloty, Senior Vice President
- Teri Morrissey, Account Executive
- Brandelyn Bates, Account Manager



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# Medical Coverage

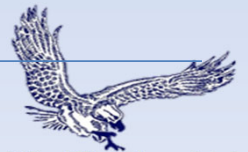
Republic Plastics medical coverage is provided by HealthComp (formerly BAS).

Claims and verification of coverage administered by HealthComp.

	\$2,500 Plan	\$5,000 Plan
<b>Deductible</b>		
Individual	<b>\$2,500</b>	<b>\$5,000</b>
Family	<b>\$5,000</b>	<b>\$10,000</b>
<b>Out-of-Pocket Maximum (OOPM)</b>		
Individual	<b>\$5,000</b>	<b>\$5,600</b>
Family	<b>\$10,000</b>	<b>\$11,200</b>
	What You Will Pay:	What You Will Pay:
<b>Preventive Care</b>	No charge	No Charge
<b>PCP Office Visit</b>	\$25 Copay/Visit	\$35 Copay/Visit
<b>Specialist Office Visit</b>	\$40 Copay/Visit	\$45 Copay/Visit
<b>First Stop Health</b>	\$0	\$0
<b>Urgent Care Facility</b>	\$50 Copay/Visit	\$55 Copay/Visit
<b>Emergency Room</b> (copay waived if admitted)	10% after \$150 Copay	20% after \$150 Copay
<b>Hospital Facility Services</b>	10% after Ded	20% after Ded
<b>Diagnostic Lab/X-ray</b>	10% after Ded	20% after Ded
<b>Prescription Coverage</b>		
Generic	\$15 copay	\$20 copay
Preferred Brand	\$35 copay	\$40 Copay
Non-Preferred Brand	\$55 copay	\$60 copay
Mail Order 90-day supply	3x Retail Copay	3x Retail Copay

# KNOW WHERE TO GO

Type	Appropriate for	Access	Cost
<b>First Stop Health Telemedicine/Online Visit Virtual Primary Care</b> 	Virtual Primary Care, Urgent Care and Mental Health – includes treatment for minor illnesses and conditions (colds, allergy, rash), mental health issues	24/7	<b>FREE</b>
<b>Office visit</b> 	Preventive and routine medical care (illness, injuries, physical and mental health)	Office Hours	\$\$
<b>Urgent care, Walk-in clinic</b> 	Non-life-threatening conditions requiring prompt attention (cuts, sprains, flu)	Vary, up to 24/7	\$\$
<b>Emergency room</b> 	Life-threatening conditions requiring immediate medical expertise (heart attack, stroke, difficulty breathing)	24/7	\$\$\$\$



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## **If you need emergency care**

- In a life-threatening situation (heart attack, stroke, difficulty breathing), get care right away!
- Call HealthComp @ **1.800.843.3831** and they will help you find a PHCS provider or another provider in your area.
- Give the facility your insurance card. If you receive a balance bill or other correspondence from the facility call HealthComp @ **1.800.843.3831**.



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# No Cost and Lowest Cost Member Services

- **First Stop Health: Virtual Primary Care, Virtual Urgent Care, Virtual Mental Health:** Appointments with a First Stop Health doctor over the phone, through the mobile app or online are covered 100% by the plan – no cost to you.
- **Lab Card:** If you schedule your outpatient lab testing through the Lab Card program, they will be covered 100% by the plan – no cost to you. This program utilizes both Quest Diagnostics and LabCorp labs.
- **US Imaging:** If you schedule your outpatient MRI, CT or PET Scan through the US Imaging program, they will be covered 100% by the plan – no cost to you.
- **PHCS:** If you utilizes physician services that part of the PHCS network, you will not be balance billed outside of your patient responsibility – this is your lowest cost option to see a doctor.



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# First Stop Health Virtual Primary Care

Get personalized, ongoing care from a primary care doctor without leaving the comfort of home! Use First Stop Health Virtual Primary Care for:

- **Urgent Care Issues**

Talk to a doctor in minutes for sinus infection, UTI, cold, flu, rash, headache and more.

- **Prevention & Wellness**

Check in on your current health and make a personalized plan to stay healthy and strong.

- **Mental Healthcare**

Diagnosis and prescriptions for depression, anxiety and more. You have virtual counseling, too.

- **Health Management**

Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD and more.

- **Referrals, Tests and More**

Just like at an in-person visit, our doctors can:

- Order labs, tests and screenings
- Provide sick notes and documentation
- Refer you to in-network specialists



## Care on your time.

- On-demand visits for urgent care issues
- Scheduled visits (that start on time!) for primary care

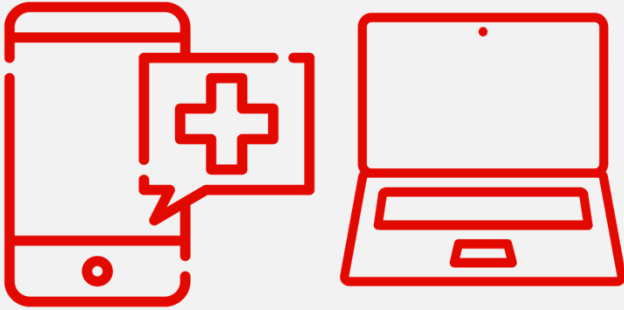


## Free for your family.

- The service is FREE and provided to medically covered employees and their dependents!
- We can treat urgent care issues in those <18. Adults can use FSH for both primary and urgent care.

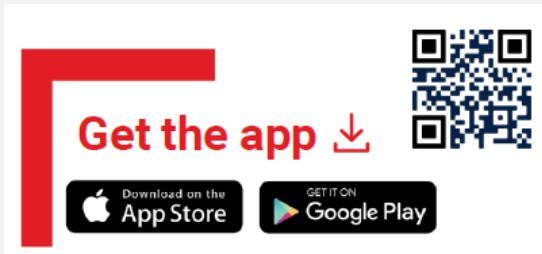


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## Mobile App & fshealth.com

- Request a visit
- Listen to past visits
- View doctor instructions
- Download sick note
- Update information
- Contact FSH for help
- Rate your visit
- Add family members



## Just call! (888) 691-7867

Speak to an intake specialist

For urgent issues, doctors call back in minutes



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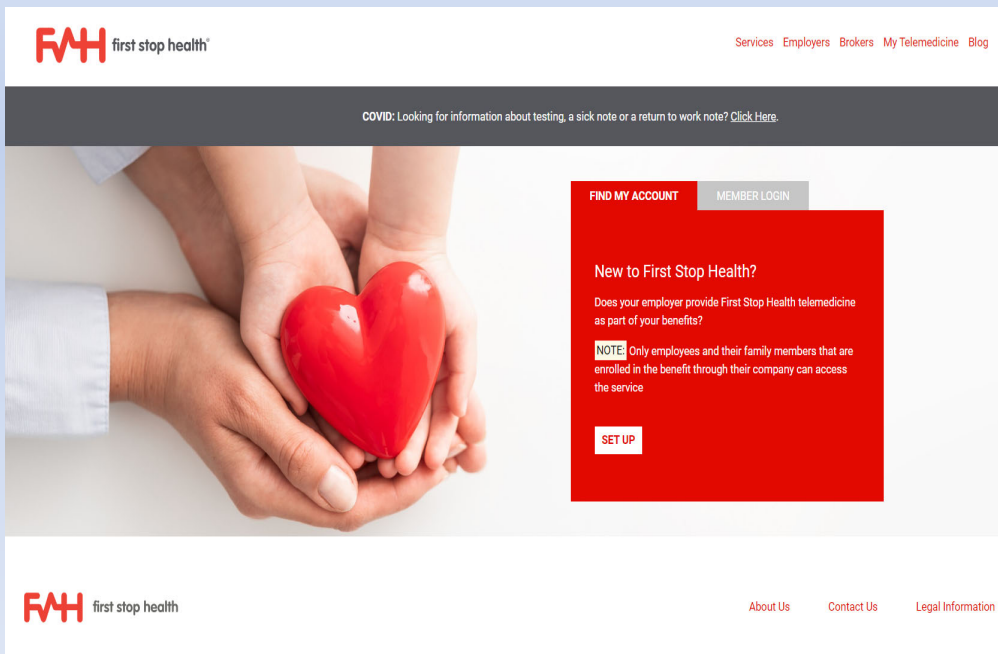


# Example: Virtual Primary Care

You moved recently and don't have a Primary Care Doctor but want to get a few things checked out.

Since First Stop Health is free and you can access virtual primary care from anywhere, you decide to set up a Virtual Primary Care Visit through First Stop Health.

You can use the mobile app or call, but you decide to use the online web portal. You open the recommended web browser (Google Chrome) and go to fshealth.com.



You click on “Find My Account” because you are logging in for the first time.

You set up your account with credentials like:

- Last 4 Digits of SSN
- Name
- Date of Birth



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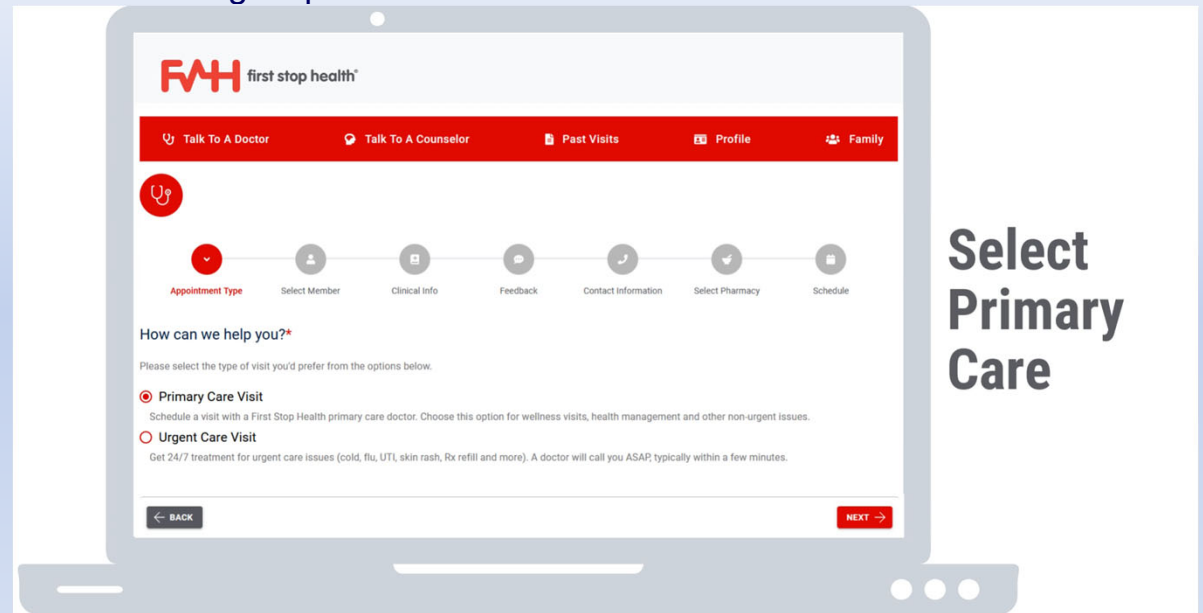
# Example: Virtual Primary Care

After you have set up your account, you log-in and take the following steps:

1. Select Primary Care
2. Select member
3. Confirm contact info & phone or video
4. Select preferred doctor & schedule visit
5. Care team calls to gather pre-visit info
6. At time of appointment, an SMS/email

with a link to secure video exam room is sent to you.

(If you had requested a phone visit, your doctor would have called the phone number you provided.)



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# Example Virtual Primary Care Patient Journey



*It takes just days (not weeks) to see your new primary care doctor!*



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# First Stop Health Virtual Primary Care

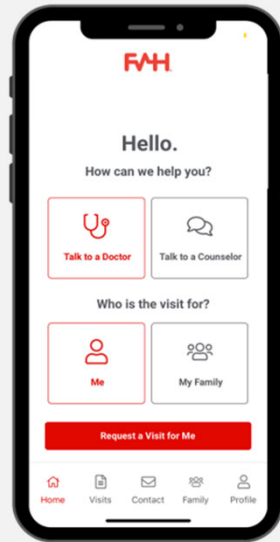


47 y/o Female  
Patient



## Initial Engagement

- Hypertension
- Anxiety & Stress
- No PCP



## Scheduled Appt: 2 Days

- Provider Choice
- Nurse Intake
- Medical Record Gathering

Rachelle Hippen, MD  
Virtual Primary Care Doctor



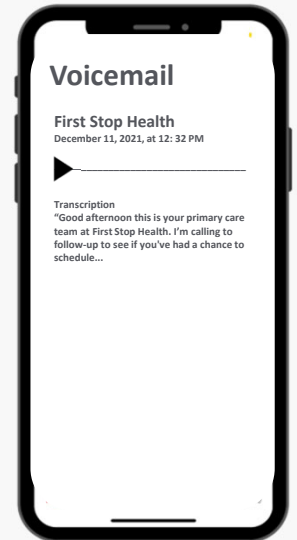
## 35 Minute Visit

- Discussion of Dx
- Review of Rx
- Gaps in Care Identified



## Nurse Follow-Up

- Referrals & Instructions
- Equipment
- Patient Education



## Adherence Check

- Scheduled for Mammogram
- F/U with Dr. Hippen

## Example: In-Person Primary Care Doctor recommends labs

- You want to see a physician in-person.
- You can use any physician you want.
  - **PHCS Practitioner Only** is your PPO Network. You can see any provider you wish. However, if you do not use a PHCS provider, you may be balance billed.
- **To find a PHCS doctor:**
  - You either call HealthComp at 800-523-0582 (M-F 7:30am – 4:30pm CST) OR
  - You use the HealthComp Member Portal or Mobile app
    - Go to: [www.multiplan.com](http://www.multiplan.com)
      - Click on Find a doctor or facility
      - Select Network: **PHCS > Practitioner Only**
      - Search by name, specialty, and/or location
- You contact the provider to schedule an appointment.
  - The doctor's office asks for your insurance information. You give them your group number, member ID number, phone number for HealthComp from your ID card.
- You present your ID card to the receptionist at the time of your visit. All you pay is the copay at time of service.



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## Example: In-Person Primary Care Doctor recommends labs

You are in your doctor's office for a visit and your doctor orders diagnostic lab tests. Your doctor tells you to go to the lab they have downstairs. However, you know you have the QuestSelect (formerly Lab Card) benefit.

**Since lab tests are free if you use QuestSelect (formerly Lab Card), you tell your doctor you want to get the lab tests done at Quest Diagnostics or Lab Corp.**

You get the lab test order from your doctor.

- You find a Quest Diagnostics or Lab Corp facility at [QuestSelect.com](https://www.questselect.com) or by calling HealthComp @ 1.800.843.3831.
- The facility performs your lab tests and sends the results to your doctor.
- Your doctor reviews and provides your lab results to you.

\*Applies to outpatient lab work only



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# Example: Sprained Ankle on Saturday

You are playing basketball on Saturday afternoon with your children. One of your children falls and you suspect they have sprained their ankle.

**Since First Stop Health is free and you can access virtual urgent care from your phone or computer:**

- You contact First Stop Health via phone, mobile app, or website and see a physician within 30 minutes or less on most occasions.
- The doctor asks you questions about your child's injury and gives you steps to take.
  - The doctor recommends treatment at home and give you instructions to follow.
  - The doctor tells you to look for signs that things are not improving or are getting worse, and says you will need to take your child to an Urgent Care facility if those things occur.
  - The doctor also determines that a medication is appropriate. They prescribe a generic medication and send it directly to your pharmacy. You pay your \$20 generic prescription drug copay at the pharmacy.

You try home treatment but things get worse, so you follow your doctor's instructions and take your child to an Urgent Care facility.

- You have saved the MultiPlan/PHCS Urgent Care Facility list that is located at [www.republicplastics.com](http://www.republicplastics.com) under the **Employee Portal** button where you can easily access it from home. You go to a provider on that list.
  - The reception desk asks you what network you are in, and you say "I have the PHCS network."
  - The receptionist confirms they are in-network with PHCS, and charges you the \$55 Urgent Care Copay.



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# Example: Cut Finger on Sunday

You are making dinner and cut your finger. You are unsure if the cut is deep enough to require stitches.

## Part I

**Since First Stop Health is free and you can access virtual urgent care from your phone or computer:**

- You contact First Stop Health via phone, mobile app, or website and see a physician within 30 minutes or less on most occasions.
- Your doctor instructs you to go to an Urgent Care Facility because they think you need stitches.
  - You have saved the MultiPlan/PHCS Urgent Care Facility list that is located at [www.republicplastics.com](http://www.republicplastics.com) under the **Employee Portal** button where you can easily access it from home. You go to a provider on that list.
  - When you get to the facility you provide your insurance card to the receptionist.
    - The receptionist asks you what network you are in, and you say “I have the PHCS network.”
    - The receptionist tells you that they are **not** in the PHCS network (even though you looked at the list before coming).
      - You say: “Please go ahead and file the claim with HealthComp, I understand you are ‘out-of-network.’ ”
      - The reception desk asks you who HealthComp is and you say: “HealthComp administers the claims for my plan.”
      - The receptionist says they won’t submit the claim to HealthComp.
  - You pay the cost of the Urgent Care visit and get treated.
    - You get a detailed bill so you can call HealthComp during normal business hours to request assistance with getting the Urgent Care charge reversed.



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# Example: Cut Finger on Sunday

## Part 2

- **On Monday**, you call HealthComp at 800-843-3831.
  - You provide HealthComp the name, address, and contact information of the Urgent Care Facility. You also send them a copy of the bill.
  - HealthComp indicates they will reach out to the provider directly to discuss a remedy.
  - HealthComp also says they will get back to you after they have been able to get in touch with the provider.
- HealthComp reaches out to your provider.
- 2 days later, the provider gets back to HealthComp and confirms they are in-network.
- Approximately 24-48 hours after hearing back from the provider, HealthComp contacts you to let you know that they were able to confirm the provider was indeed in-network.
  - You reach out to the Urgent Care Facility to get reimbursement for the difference between what the in-network benefit was and what they charged you.

## OR

- HealthComp reaches out to your provider.
- 2 days later, the provider gets back to HealthComp and indicates they are not in-network.
- HealthComp reaches out to Fairos; Fairos tries to work out an agreement with the provider.
- After many discussions with the provider over the next week, Fairos lets you know that they still can't come to a resolution with the provider.
  - You submit a claim form to get reimbursement for your out-of-pocket costs you paid.

**Important! Timeframes above are examples only. The timing of resolution for your specific situation will depend on a variety of factors including how long the provider takes to respond back.**



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## Example: MRI

You are in your doctor's office for a visit and your doctor orders an MRI. Your doctor tells you to go to the facility they refer you to. However, you know you have the US Imaging benefit.

**Since MRI, CT & PET scans are free if you use US Imaging, you tell your doctor you want to get your imaging done at a US Imaging facility.**

- You or your doctor call US Imaging at **877-874-6385** to schedule the appointment.
- US Imaging schedules you at a facility close to you within 24-48 hours and takes care of all the details.

\*Applies to non-emergency advanced imaging



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## Steps to Take Now

- **Save the MultiPlan/PHCS listing of Urgent Care facilities somewhere you can easily access it while you are at work or at home.** The lists are located at [www.republicplastics.com](http://www.republicplastics.com) under the **Employee Portal** button.
- **Register for First Stop Health, HealthComp, and CVS portals**
- **Download the mobile apps for First Stop Health, HealthComp, and CVS**



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# HealthComp (formerly BAS)

## Provides Concierge-type User Experience

### Customer Service



Your first point of contact for general day to day assistance, the Customer Service Team can:

- Answer coverage questions, including
  - Plan benefits
  - How much of my deductible and/or out-of-pocket has been met
- Assist in locating providers
- Book appointments
- Break down claim charges for members



### Personal Assistant Service

If you have a Catastrophic Illness or Injury like the ones below, you have access to a Personal Assistant Service:

- Provides access to coordinating care
- Answers questions about your coverage
- Works with your provider regarding outstanding information needed to process claims

Amputations | ALS (Amyotrophic Lateral Sclerosis) | Aneurysm | Brain injury or major head trauma | Cancer or malignancy | CVA (Cerebral Vascular Accident) | Leukemia | Acquired Immunodeficiency Syndrome | Multiple fractures | MS (Multiple Sclerosis) | Severe burns | Spinal cord injuries | Transplants

**Call HealthComp @ 1.800.843.3831 7am-8pm CST**



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# HealthComp Online Portal and App

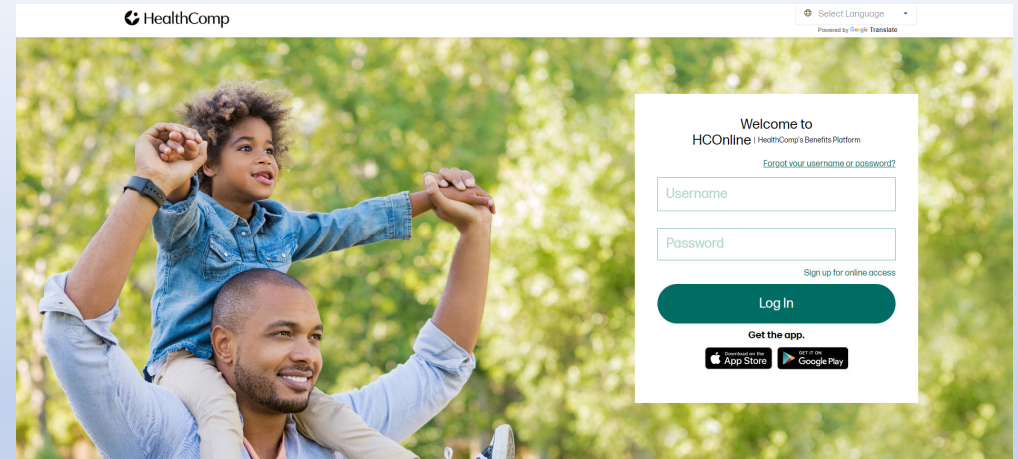
You have access to the HealthComp member portal, and mobile app where you can:

- Ask a Question
- Explanation of Benefits
- Benefits Information
- Send Your Virtual ID Card To a Provider
- Claims Information
- 24/7 Access To Benefits And Service
- and much more...



HealthComp is available on the web and also through our mobile app. To download the app, search for “HCOOnline-HealthComp” in the Apple App Store or Google Play.

[HCOOnline.HealthComp.com](https://HCOOnline.HealthComp.com)



Scan the code to  
download the app!



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# How you can help us help you



Call **HealthComp** (formerly **BAS**) if your Provider does not understand your insurance or has any questions!



Open your mail, please!



Check your Explanation of Benefits!



Match your Explanation of Benefits (EOB) to any Provider Bills!



When in doubt, call **HealthComp** with any questions!

**1.800.843.3831**

**Any cost related correspondence from a provider or facility should be sent to HealthComp – every time!**



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# 2023 Health Plan



Administrator of Medical Program. First point of contact for any medical benefit questions, finding a provider, scheduling a procedure or imaging, billing, eligibility and more. Handles customer service through their Customer Care Unit and Personal Assistant Service.



- Works on utilization review, case management and disease management.
- You may see the HealthComp name if you engage in these services.



- Reprices claims for HealthComp and negotiates balance bills
- If you get a balance bill, FairoS will be engaged by the Customer Service team. Your FairoS advocate will keep in contact with you throughout the process until the balance bill is resolved. You will also be able to check status by speaking to your FairoS advocate, the FairoS member portal or calling the HealthComp Customer Service team.



- Physician Network for lowest out of pocket costs.
- You will see this logo on your ID Card.



- Telehealth services provider – medical and mental health/behavioral health
- Virtual Primary Care
- You can access 24/7 for \$0



- Pharmacy administrator and network for both retail and mail order
- You will see this logo on your ID card.



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## If you need a prescription filled

- **855.271.6597** – Call CVS for any pharmacy related questions or assistance.
- One easy way to save is by taking **Generic** medications whenever possible.
  - Facts you can trust from the U.S. Food and Drug Administration (FDA):
    - The FDA requires generics to have the same active ingredients, strength and dosage form as their brand-name counterparts.
    - The FDA requires proof that a generic performs the same as its brand-name counterpart.
    - The FDA monitors adverse effects and conducts ongoing quality control.
    - Many generic drugs are made in the same manufacturing plants as brand-name drug products and must pass the same quality standards.





## If you need a prescription filled

- 1. If you need a one-time prescription:** Your doctor will ask which pharmacy to send the prescription to. You can use any pharmacy, but you can use the CVS app, website or call to find a CVS network pharmacy. Go to the pharmacy and pay the applicable cost\*.
- 2. If you have a recurring prescription that you take on a regular basis** (for example, high blood pressure or cholesterol medication): Have a 90-day supply mailed directly to your home. To sign up for the **CVS Caremark Mail Service Pharmacy** have your prescription bottle in hand and go online to [caremark.com/mailemailservice](https://caremark.com/mailemailservice) or call **855.271.6597**.
- 3. If you have a specialty prescription:** CVS will reach out to your doctor for any information they need. Certain specialty medications are eligible for PrudentRx, a program that assists members by helping them enroll in manufacturer copay assistance programs. Enrolled members who get copay card for their specialty medication (if applicable), will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Copay Program. The pharmacist will see a message that the drug is eligible for the PrudentRx program. CVS will warm transfer from pharmacy to PrudentRx so the member can sign up. You can also reach out to PrudentRx at 1-800-578-4403.

\*Certain medications require Prior Authorization (PA). See next slide.



# Prior Authorization

**Prior Authorization (PA) is an extra level of approval that is required for certain medications.**

**When is a PA required?** Common reasons are that there may be a lower cost option that's just as effective, the medication has potential for misuse/abuse or the medication is for certain conditions or diagnoses.

**How does a PA get started?** You or your pharmacy can ask your doctor to start a PA. Then, your doctor sends CVS a PA by phone, fax or electronically. (CVS offers electronic PA submission that often provides a decision instantly.)

**How does it work?** CVS gathers additional information from your doctor. This information helps CVS determine if the prescription is covered. CVS notifies you and your doctor whether your PA is approved or denied as soon as possible – usually within a few days.

**Do I need a PA for refills?** Sometimes. A PA is valid for a limited amount of time, so you may need a new PA for refills.

**What can I do if my PA is denied?** Ask your doctor if there's another medication that's just as effective, choose to pay for the medication yourself, or submit an appeal by following the steps in your denial letter.

To check your PA status, sign in at **Caremark.com**. Select Plan and Benefits, then click **Prior Authorization** from the pull-down menu.



## Use the CVS Caremark Mobile App & Digital Benefits

### Rx delivery by mail

Start filling in convenient 90-day supplies with just a picture of your Rx label – they typically cost less, so you may save money.

### Check drug costs and coverage

View side-by-side cost comparisons of your medications to see here you can save.

### Find a network pharmacy

Rx costs are lowest when you fill at a pharmacy that's part of your network.

### Keep track of your Rx spending

See how close you are to meeting your deductible and max out-of-pocket costs.

### Manage all your Rx in the same place

Easily manage prescriptions you get from your local pharmacy, by mail or through a specialty pharmacy in one place – our mobile app.

### Quick start new orders

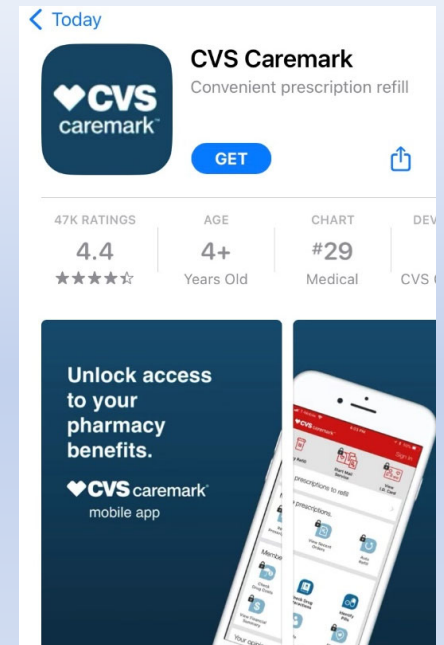
Transfer a current Rx, or submit a new one with a picture of the label (or written Rx).

### Quick and easy refills

Scan your Rx label with your smart phone – or enroll in *Text Refill Reminders*.

### Customize notifications and reminders

Choose how to receive information.



# EOBs and Balance Billing

If you don't owe your doctor any money, an EOB may be all you get.

## Explanation of Benefits (EOB)

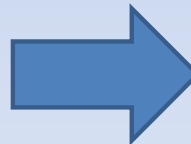
After any medical service, you will receive an Explanation of Benefits (EOB) from HealthComp in the mail telling you what you owe – i.e., your **Patient Responsibility**.


\*EOBs are also available on both the HealthComp Portal and mobile app.

Only pay provider/facility bills if the amount due is the same as the **Patient Responsibility** from the HealthComp EOB. If they do not match, call HealthComp at 1.800.843.3831.

Explanation of Benefits Says Patient Responsibility:

**\$163.81**





HealthComp  
17475 Jovanna Drive, Suite 1D  
Homewood IL 60430-1082

**Forwarding Service Requested**

John Doe  
5175 Sample Drive  
Dallas, TX 75001

**Explanation of Benefits**

RETAIN THIS FOR TAX PURPOSES  
THIS IS NOT A BILL

**Customer Service**

Contact Your TPA if you have any questions.

Enrollee: John Doe  
Patient: John Doe  
Member ID:  
Group:  
Group#:  
Location:  
Location Name  
Dep Code:  
Date: 1/18/20

Claim #: 987654321-01      Patient #: 00001041891  
Patient: John Doe      Provider: Memorial Health

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-Pay Amount	Balance Amount	Paid At	Payment Amount
12/18/2019	54	\$120.00	\$0.00	Q7	\$120.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00
12/18/2019	34	\$200	\$0.00	Q7	\$40.34	\$159.66	\$159.66	\$0.00	\$0.00	100%	\$0.00
12/18/2019	49	\$7.00	\$0.00	Q7	\$2.85	\$4.15	\$4.15	\$0.00	\$0.00	100%	\$0.00
<b>Column Totals</b>		\$327.00	\$0.00		\$163.19	\$163.81	\$163.81	\$0.00	\$0.00		\$0.00

**Patient's Responsibility:** \$163.81

Primary Carriers Allowed Amount: \$0.00  
 Other Credits or Adjustments: \$0.00  
 Total Net Payment: \$0.00

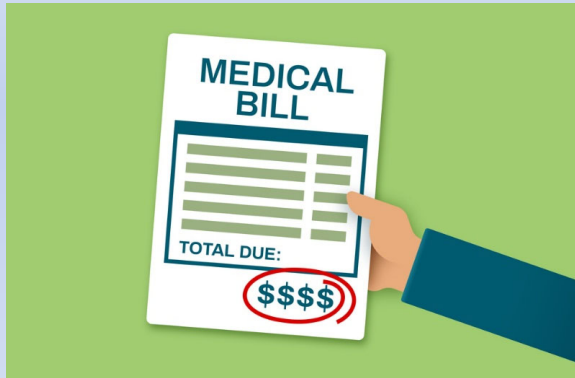
Any correspondence from a provider or facility should be sent to HealthComp – every time! Call them at 1.800.843.3831.

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# EOBs and Balance Billing

## Balance Bill

When the provider doesn't agree with the amount paid by the plan for services and sends you a bill for the difference.



- A balance bill will never have the phrase “Balance Bill” on it.
- Each statement will look different. Typically, they will include the logo of the providers office or facility where services were performed.
- The statement will specify an amount for you to pay – before paying, compare that amount to the Patient Responsibility listed on your HealthComp EOB.
  - If the amounts match, pay the provider/facility bill.
  - If the amounts do not match, call HealthComp.
  - Unsure or if the statement is confusing, call HealthComp.

**Any cost related correspondence from a provider or facility should be sent to HealthComp – every time! Call them at 1.800.843.3831.**



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# EOBs and Balance Billing

## What If I Get A Bill For A Different Amount Than The EOB?

- You only need to pay your share of the cost (deductible, co-payment, co-insurance) of eligible expenses as indicated on the Explanation of Benefits (EOB) as Patient Responsibility. Once this is paid to your provider, you do not owe them any more money.
- Call HealthComp @ **1.800.843.3831** – between 7am-8pm CST – if you get a bill from your provider that DOES NOT match your EOB Patient Responsibility.

### What does a balance bill look like?

- It's not your explanation of benefits (EOB)
- The amount due is more than what your EOB said you owe
- The balance bill will likely be sent from the provider
- It won't say "Balance Bill"



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# EOBs and Balance Billing



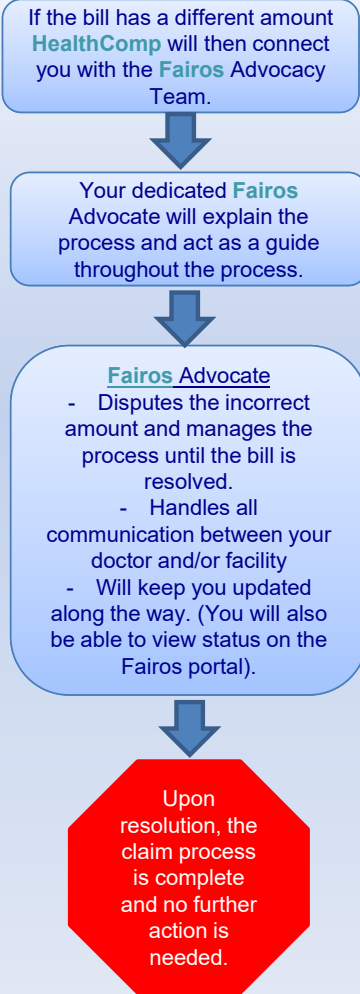
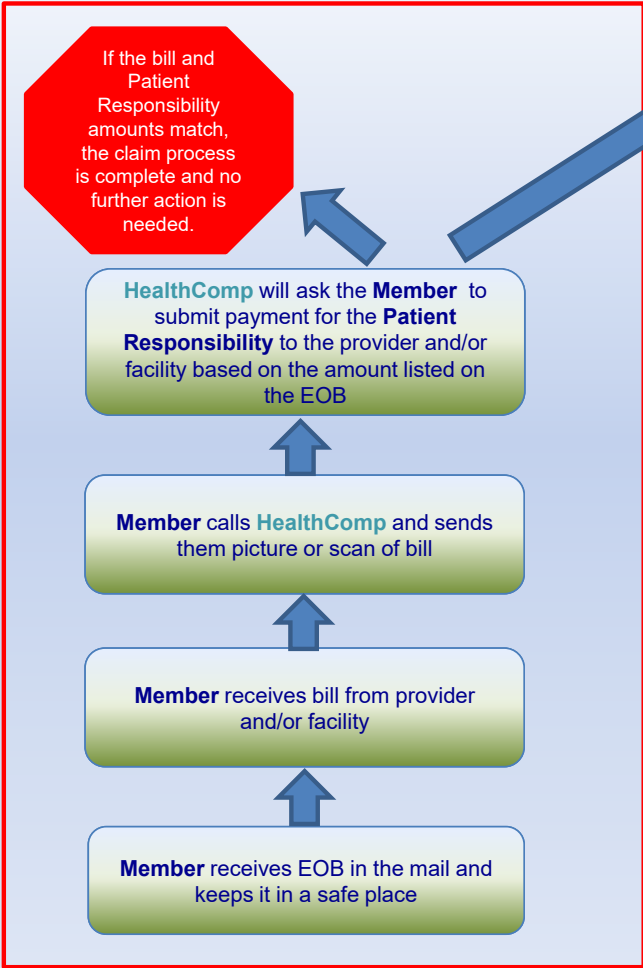
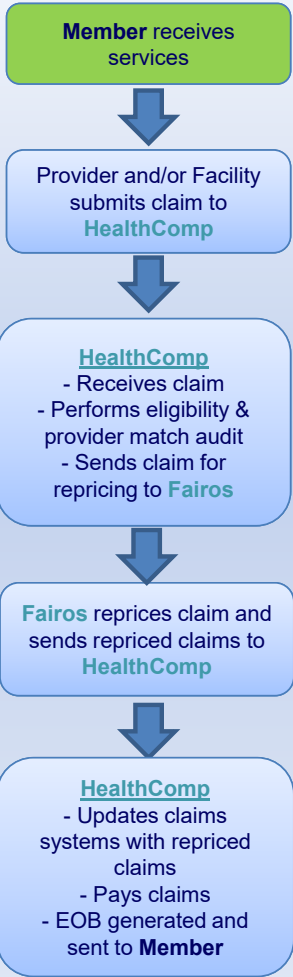
## Balance Bill Process

- Call HealthComp @ **1.800.843.3831** – between 7am-8pm CST – if you get a bill from your provider that does not match your EOB or any other correspondence.
- HealthComp will connect you with the Fairos Advocacy Team and your dedicated Fairos Advocate.
- Your Fairos Advocate will explain the process and act as your guide for each step.
  - **Important:** Call HealthComp as soon as you receive the balance bill. This is important to protect your rights under Fair Credit Billing Laws.
  - **Do** pay the provider or facility the amount listed on your EOB. This will help the balance bill process smoothly.
- Fairos will dispute any amount that is not correct and will manage the process until the balance bill is resolved.
  - Fairos will handle communication between your doctor, the facility and anyone else involved in the process.
- Your dedicated Fairos Advocate will keep you updated along the way. You will know their name and have direct access to them via phone & email. Additionally, you will be able to access updates on the easy to use Fairos portal.



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# Medical Claim Process



If you receive a balance bill or other correspondence from the provider/facility call HealthComp at **1.800.843.3831**. They will manage the entire claims process and answer any questions you may have.



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# Medical ID Card - Front

The image shows a medical ID card for HealthComp. The card is divided into several sections: Member, Medical Plan, Pharmacy Plan, and Other Services. Callouts point to specific fields: Plan and Claims Administrator (HealthComp logo), Customer Service Phone Number (Member Questions? 800.843.3831), Group Number (117568), Employee Name\* (JOHN SAMPLE), Member ID Number (SMPL0001), Physician Network (iPHGS), Physician Copays, Deductibles & Out-of-Pocket Maximum (Copay(s): PCP \$25/Specialist \$40, Deductible: IND \$2500/FAM \$5000, Out of Pocket: IND \$5000/FAM \$10000), Pharmacy Network and Billing Information (CVS caremark), Pharmacy Copays (Retail Copay(s): Gen \$15/Preferred \$35/Brand \$55), and LabCard Program Logo and Phone Number (QuestSelect™). A watermark 'PROPOSED' is visible across the card.

**Plan and Claims Administrator**

**Customer Service Phone Number**

**Member Questions? 800.843.3831**  
Preguntas del Miembro 800.847.6703  
<https://hconline.healthcomp.com/>

**Member**

Republic Plastics

Employer: Republic Plastics, LTD

Group #: 117568

Member: JOHN SAMPLE

Member ID: SMPL0001

**Medical Plan**

iPHGS  
Practitioner Only

To Locate a Provider:  
[www.multiplan.com](http://www.multiplan.com)  
866.930.7427

**Copay(s):** PCP \$25/Specialist \$40  
**Deductible:** IND \$2500/FAM \$5000  
**Out of Pocket:** IND \$5000/FAM \$10000

**Pharmacy Plan**

RxBIN: 004336  
RxPCN: ADV  
RxGRP: RX21AS

**CVS caremark**

[www.caremark.com](http://www.caremark.com)  
Pharmacy Help Desk: 800.364.6331  
RX Customer Care: 855.271.6597

**Other Services**

QuestSelect™  
Formerly Lab Card  
[QuestSelect.com](http://QuestSelect.com) (800) 646-7788

**Retail Copay(s):** Gen \$15/Preferred \$35/Brand \$55

**LabCard Program Logo and Phone Number**

**Physician Network**

**Physician Copays, Deductibles & Out-of-Pocket Maximum**

**Pharmacy Network and Billing Information**

**Pharmacy Copays**

*\*ID Cards will show Employee name only*



# Medical ID Card - Back

Physicians/Providers  
Submit Claims Here

Phone Number for  
Physicians/Providers  
to Call with Questions

Facilities Submit  
Claims Here

Facility Claims  
Administrator and  
Claims Repricer

**Medical Claims Submission**

EDI: Payor ID 36149

Mail: HealthComp  
PO Box 2920  
Milwaukee, WI 53201-2920

Providers 800.523.0582

**Eligibility Verification**

For verification of eligibility, claim status and quotation of benefits:

24/7 Health Portal: [www.ProviderPlatform.com](http://www.ProviderPlatform.com)  
24/7 IVR with Fax Capabilities: 708.647.3401  
Provider Call Unit: 800.523.0582

This card is for identification purposes only and is not a guarantee of benefits.

**Facility Claims Submission**

EDI: Payor ID 36149

Mail: HealthComp  
PO Box 2920  
Milwaukee, WI 53201-2920

Providers 800.523.0582

**Utilization**

**Utilization Review**  
**Hospital Pre-Admissions/Admission Cert.**  
Services such as inpatient admission, outpatient surgery, etc. may require precertification. Refer to your plan booklet for services requiring precertification. **Please call 833.834.1630 for pre-certification.**

**Utilization of In-Network Providers**  
It is your responsibility to verify each provider's participation in the network on the date you obtain services. Failure to do so may result in a reduction of benefits.

Non-Medicare members: MRI, CT & PET should be scheduled through US Imaging: 1.877.874.6385 or [usimagingnetwork.com](http://usimagingnetwork.com). EDI:50383

POWERED BY

FAIROS is permitted to discuss information relating to the medical services and/or treatment, including financial obligations, on all plan member benefits.

Provider Platform  
can be used to Verify  
Eligibility

Pre-Authorization  
Information  
Some services such as  
hospitalizations and surgeries  
may require pre-authorization.  
You and/or your provider can  
call this number to begin that  
process.

Contact Info for US  
Imaging Program (MRI,  
CT and PET Scans)

PHCS Providers will be  
Lowest Cost to You



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## Supplemental Health

- In 2022, Republic Plastics reviewed the Supplemental Health plan and decided to replace the SIS Gap plan with Brella.
  - From 1/1/2021 to 2/15/2022, the SIS Gap plan only paid \$3,200 in claims (2 claims) and many claims were pended or not paid due because of missing information.
  - From 5/1/2022 to now, Brella has paid \$39,300 in claims (43 claims).
- Claims example: Thyroid Cancer
  - SIS:
    - Plan only covered in-patient treatment.
    - You were responsible for submitting complicated paperwork that was often challenged and/or returned for corrections.
    - Assuming SIS approved the claim, your benefit was limited to what was charged.
  - Brella:
    - Claims payment is based on diagnostic code of Thyroid Cancer which would pay the Catastrophic benefit.
    - If you are enrolled in a Republic Plastics medical plan, Brella will receive a claims report once a month. When they receive the report with the diagnostic code, Brella will start the claims process. They will contact you to give you a chance to set up an electronic payment method. If they don't receive a response within 2 days, they will mail a check to you.
    - If you are not enrolled in the Republic Plastics medical benefits, you simply submit the condition through the app and within 72 hours they will deposit the applicable amount in your bank account.

***All Benefits are subject to Exclusions and Limitations as outlined in the policy.***



**Republic Plastics, Ltd.**

# Sample Covered Conditions

This list highlights some common covered conditions. Don't see a specific condition you are looking for? Contact Brella Concierge at (888) 300-5382 or support@joinbrella.com.

Bodily Injury	Benefit Category	Cancer (cont)	Benefit Category	Bone & Connective Tissue	Benefit Category	Heart	Benefit Category
Fracture of finger or toe	Moderate	Thyroid cancer	Catastrophic	Stress fractures	Moderate	Ventricular fibrillation	Catastrophic
Fracture of foot	Moderate	Leukemia	Catastrophic	Pathological fractures	Moderate	Heart attack	Catastrophic
Open or compound fractures	Severe	Hodgkin lymphoma	Catastrophic	Sprain of ACL / MCL (knee)	Moderate	Cardiac arrest	Catastrophic
Fracture of hip	Severe	Lung cancer	Catastrophic	<b>Bacterial &amp; Viral Infections</b>		Abdominal aortic aneurysm	Catastrophic
Fracture of skull	Severe	Stomach/Colorectal cancer	Catastrophic	Pneumonia	Moderate	Atrioventricular block	Severe
Torn rotator cuff	Severe	Bladder cancer	Catastrophic	Sepsis	Catastrophic	Unstable angina	Severe
2nd degree burns	Moderate			Hepatitis C (viral)	Moderate		
3rd degree burns >50% of body	Catastrophic	<b>Skin</b>		Meningitis	Moderate	<b>Nervous System</b>	
Concussion	Moderate	Basal cell carcinoma of skin	Moderate	Bacterial meningitis	Severe	Migraines (intractable)	Moderate
Dislocation of shoulder	Moderate	Carcinoma in situ of skin	Moderate	Infection of spinal disc	Severe	Alzheimer's	Catastrophic
Foreign body in eye, ear, or nose	Moderate	Squamous cell carcinoma of skin	Moderate	Chronic adenoiditis; tonsillitis	Severe	Parkinson's disease	Catastrophic
Laceration of finger	Moderate	Malignant neoplasms of skin (melanoma)	Severe	<b>Respiratory</b>		Bell's palsy	Moderate
Laceration of scalp	Moderate			Acute pulmonary edema	Severe	Quadriplegia	Catastrophic
Puncture wounds	Moderate	<b>Benign Tumors/Neoplasms</b>		Acute respiratory failure	Severe	Paraplegia	Catastrophic
Torn achilles tendon	Severe	Benign breast tumor	Moderate	Lung fluid (pleural effusion)	Severe	ALS (Lou Gehrig's disease)	Catastrophic
Torn ACL (knee)	Severe	Benign internal fatty tumor	Moderate	Pulmonary embolism	Severe	Multiple sclerosis	Catastrophic
Torn meniscus (knee)	Severe	Benign neoplasm of bladder	Severe	Acute respiratory distress syndrome	Catastrophic		
Loss of limb	Catastrophic	Benign neoplasm of brain	Severe	<b>Urinary System</b>		<b>Brain</b>	
Anaphylactic shock	Severe	Benign neoplasm of colon	Severe	Acute kidney infection (Acute pyelonephritis)	Moderate	Stroke	Catastrophic
Poisoning	Moderate	Benign neoplasm of liver	Severe	Bladder, ureter, urethra stones	Moderate	Encephalitis and encephalomyelitis	Moderate
		Benign neoplasm of thyroid	Severe	Kidney stones	Moderate	Brain aneurysm	Severe
				<b>Newborn</b>		TIA (mini-stroke)	Severe
				Pre-term newborn (34-35 weeks)	Moderate	Cerebral hemorrhage (acute)	Catastrophic
				Pre-term newborn (32-33 weeks)	Severe		
				Pre-term newborn (31 weeks or less)	Catastrophic	<b>Digestive System Conditions</b>	
				Low birth weight (less than 1750 grams)	Catastrophic	Gastric ulcer (with hemorrhage)	Severe
				Spina bifida	Catastrophic	Appendicitis	Severe
				Cleft palate	Severe	Hernia of diaphragm/intestine	Severe
				<b>Cancer (malignant neoplasms excl. skin)</b>		Gallstones	Severe
				Breast cancer	Catastrophic	Diverticulitis	Severe
				Prostate cancer	Catastrophic	Kidney stones	Moderate
						End-stage renal failure	Catastrophic
						Acute pancreatitis	Severe
						Perforation of intestine	Catastrophic
						Obstruction of bile duct	Severe

# Supplemental Health

- Brella is designed to cover sudden financial strain that might come with health issues.
- Brella ***doesn't*** cover everything.
  - Brella *doesn't* cover mild conditions that you would typically treat at home or with a primary care physician because they don't usually break the bank.
  - Brella also *doesn't* cover chronic, mental health or maternity conditions because these types of conditions usually give us time to plan for upcoming expenses.
  - Examples of conditions that are not covered include diabetes, asthma, hypertension, sleep apnea, rheumatoid arthritis, gout, atrial fibrillation, epilepsy, fibromyalgia and COPD.

***All Benefits are subject to Exclusions and Limitations as outlined in the policy.***



**Republic Plastics, Ltd.**

## Using Brella —

### If you are enrolled in a Republic Plastics medical plan

**Brella is now being notified when a medical claim for a covered diagnosis is filed with HealthComp. Brella will pay the benefit automatically.**

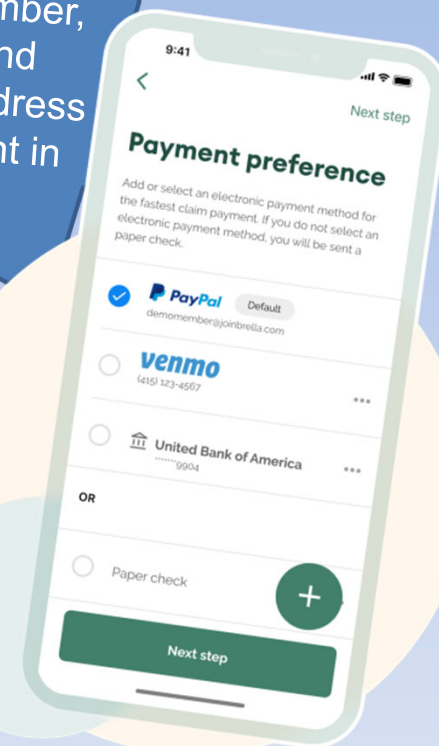
The Brella team will reach out to you to advise you of the forthcoming benefit payment (allowing you the opportunity to input an electronic payment method on your member portal, if you wish).

The Brella team will attempt to call, as long as your phone number is on file. If they are unable to connect with you OR they do not have your phone number, they will follow up with an email. They allow 2 days for a response (and to give you time to set up an electronic payment method).

After 2 days, if they cannot reach you and/or no electronic method has been established, you will be mailed a check.

- Phone calls will come from 888-300-5382
- Emails will come from [support@joinbrella.com](mailto:support@joinbrella.com)

Be sure your phone number, email and mailing address are current in UKG!



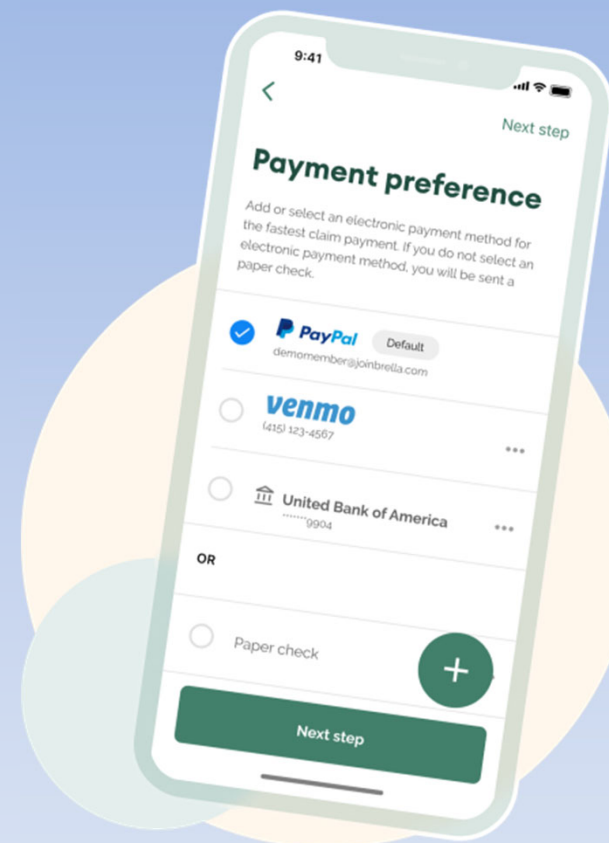
**Republic Plastics, Ltd.**

# Using Brella —

## If you are not enrolled in a Republic Plastics medical plan

If you enrolled in Brella but are not enrolled in the HealthComp medical plan, you will need to file your claim via the mobile app or web portal. The process is 100% paperless:

- Visit [joinbrella.com/members](https://joinbrella.com/members) to register for an online account and set a password
- Download the Brella app and log-in
- Tell Brella what happened by answering 4 simple questions
- Upload photos of claim evidence right from your device
- Receive lump sum payment within 72 hours
- Select fast, secure payouts by Venmo, PayPal, or direct deposit



# Example showing how Brella works\*



Marcus is a 38 year-old dad of three. He chose the Enhanced Plan to cover his active family.

## Marcus's Enhanced Plan

	Benefit amounts
Moderate	\$500
Severe	\$2,000
Catastrophic	\$5,000



### Marcus tore his ACL and got a \$2,000 Severe benefit.

In January, Marcus hurt his knee playing soccer and filed a claim in his Brella app. He received Severe benefit payout because his diagnosis, Torn ACL, is a covered Severe condition in his Brella policy.



### His daughter got a \$500 Moderate benefit.

A few months later, his daughter caught a bad stomach flu. She was diagnosed with Dehydration, a covered Moderate condition in Marcus's Brella policy. He filed a claim and received a Moderate benefit payout 72 hours later.



### Marcus used the funds for bills and extra expenses.

Since Brella benefits can be used for anything, Marcus used some of the money to pay medical bills he owed toward his deductible, and the rest helped cover extra groceries to help his daughter recover.

\*Fictional example for illustrative purposes only.





# Resources

- **Republic Plastics Team**

- Jason Schroeder, CFO
- Robbie Chance, Director of HR
- Laurie Magnon, Senior HR Manager
- Kelly Hackett, Executive Administrator

- **HealthComp (formerly BAS)**

- Customer Service Team

**1.800.843.3831**

- Find a low cost provider/facility
- If you receive a balance bill or invoice from a doctor or facility
- Scheduling a surgery or advanced imaging, lab test

- **Fairos**

- Reprices claims, handles negotiations on cost

- **Alliant/Consultant**

- Benefit Advocate Team

**1.855.889.3713**

- Assists with general questions
- Can help guide you to the right resource
- Help with enrollment and eligibility questions



**Republic Plastics, Ltd.**

# Resources

- Go to [www.republicplastics.com](https://www.republicplastics.com) and float your cursor over the Employee Portal button
- Use the “Have a Benefits Question” link to submit a question to HR and we can get back to you directly with an answer
  - You can also email us directly at [HR@republicplastics.com](mailto:HR@republicplastics.com)
- Find basic information about our plans, including:
  - Listing of Urgent Care centers that accept Multiplan PHCS
  - The 2023-2024 Benefits Guide and Short Summary
  - The 2023-2024 Dental Coverage Explainer illustrating the difference between the MAC and U&C plans

