



Welcome to Unified Group Services!

**Your Third Party Administrator for Medical, Rx,
Dental & Flex Benefits**

Group Number - 4385

Welcome to Unified Group Services, Inc.

"We take care of the Customer...and then some!"

Unified is a full service Third Party Administrator located in Anderson, IN. Founded in 1996, we strive to provide customer service excellence!

We are very excited about this new partnership and look forward to exceeding your expectations for years to come!

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What to expect as a member...

At Unified Group Services, we value your time and understand that benefits and claims can be confusing and sensitive in nature. That is why we provide you with a Dedicated Claims Account Manager.

Your Claims Account Manager will take your phone calls, process your claims, and respond to your email inquiries.

When you call into our office during business hours – Monday through Friday 8:00am-5:00pm(EST) – you will be greeted by one of our receptionists. They will ask who your employer is and transfer you to your Dedicated Claims Account Manager.

If your Claims Account Manager is assisting another customer or away from their desk, your call will not go unanswered or be transferred to a voicemail. Our claims processors work in a team setting and if your contact is unavailable one of the team members will assist you at that time.

Benefit Plan Design

Summary of Benefits & Coverage (SBCs) are available for a detailed overview of the benefits offered by your group health plan.

Your SBC is available through the Quick Links section on UnifiedGrp.com.

Hopewell Center provides its members with Health Reimbursement Account (HRA) contributions on an annual basis.

- \$250 Individual Contribution
- \$500 Individual & Dependents Contribution

Medical Claims: Once a medical claim has occurred, the HRA process is automatically initiated to reimburse the member for their out-of-pocket costs based on available HRA funds.

Rx Claims: Members will need to submit an Rx reimbursement form (via mail, fax, or email) to Unified Group Services for reimbursement.

Allow two weeks for reimbursement via paper check to be issued to the member's home address.

PPO Network

By utilizing an in-network hospital or physician, you receive the greatest discounts and minimize your out of pocket cost.

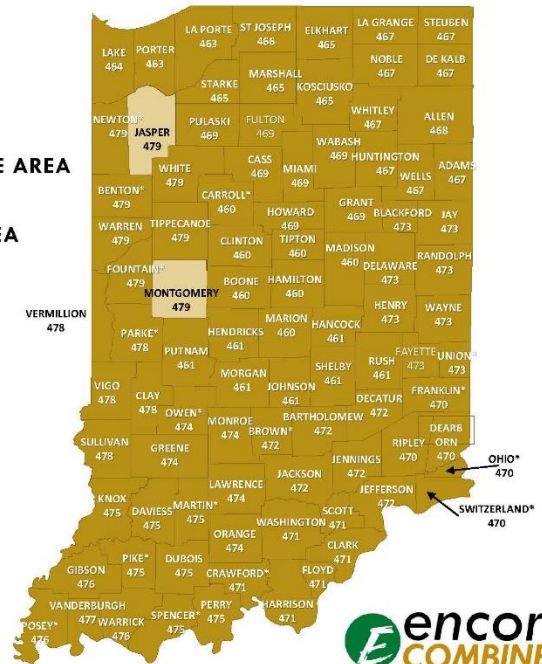
Your PPO Network is Encore Combined

To search for an in-network provider, visit EncoreConnect.com and click on the orange Provider Search button. Choose Encore Combined, and when you see a list of various employer groups, select "none". Next you can begin your search for in-network providers and facilities based on your criteria.

ENCORECOMBINED® NETWORK MAP

-  ENCORECOMBINED® FACILITY & PROVIDER SERVICE AREA
-  ENCORECOMBINED® PROVIDER ONLY SERVICE AREA
-  UNDER DEVELOPMENT COUNTY

**These counties do not have a physical hospital*



EncoreCombined is a registered trademark.

Prescription Services

Current Medications – You can continue to fill prescriptions at your local pharmacy with the exception of Walgreens as they are not in the network.

If you have been receiving a mail order prescription you will need to enroll in the new Mail Order Program to continue receiving a 90 day supply mailed to your home. You may also request a 90 day prescription from your doctor and obtain a three month supply at your retail pharmacy. Specialty Rx will be excluded from the benefit plan. If you have Specialty medication prescription that is denied at the retail pharmacy, the TrueRx Advocate will reach out to work through the process with you. Moving forward you will utilize the TrueRx Advocacy program at (866) 921-4047 for specialty medications.

Prior Authorizations – Pharmacy Benefit Manager's will have prior authorizations (PA) in place for expensive medications or medications for certain drug classes. This will involve getting information from the physician to help support medical necessity & that medications are filled according to FDA approved indications or nationally accepted clinical guidelines.

Pharmacy Pricing - No two pharmacies will have the same price for the same drug. They all negotiate their brand and generic drug prices differently. These negotiations along with pricing changes from the manufacturer may impact your out of pocket Rx costs. It's always a good idea to do your research when a new medication is prescribed. Call around to your local pharmacies to find the best price in your area. Also take advantage of the reduced cost programs that many pharmacies offer on common medications.

Formulary & Preferred vs Non-Preferred Brand Drugs – Each Pharmacy Benefit Manager (PBM) creates lists of medications based on negotiations and efficacy. Below is information to guide you in what to look for to make sure you stay in-line with the PBMs lists and avoid drug exclusions or higher out-of-pocket costs.

Formulary - No two PBM's have the same formulary. Many health conditions are treatable with medications manufactured by multiple drug companies. Formulary is the list of drugs that the PBM covers. PBM's will exclude certain brand name drugs to help secure better pricing for the same type drug from a competing drug manufacturer. They may also exclude drugs because they want to promote the generic alternative that has the same clinical effectiveness.

Preferred vs Non-Preferred - Within a PBM's formulary, they will promote certain brand name drugs over others as PBM's will get better pricing if they put one manufacturer's drug as "Preferred" over another. Some drugs that were preferred before may be non-preferred. You will be encouraged to try the "Preferred" medication, or have your physician provide medical documentation supporting that you need to be on the medication currently used.

Be a Good Healthcare Consumer!

It's important to educate yourself so that when you have an upcoming test or appointment, you'll feel empowered that you are making an informed and cost-effective decision.

- **Use an in-network provider** – Be sure to log onto the PPO network's website to view a list of hospitals and physicians in your area. If your physician is referring you to a specialist, make sure they are also in the network.
- **Try generics**– Talk to your doctor about generic medications which typically have the same efficacy as the brand name equivalent, but without the price tag.
- **Take advantage of preventive benefits** – Screenings and checkups can help you understand your current state of health and detect potentially serious medical concerns. Best of all, most plans cover preventive care at 100%!
- **Visit independent labs & centers** – If your doctor orders a blood draw or CT scan, it's best to avoid going down the hall at the hospital. Schedule your appointment with an independent lab or radiology center to see significant cost savings.
- **Avoid the ER** – Costs incurred during an emergency room visit can stretch well into the thousands! If it is not a true emergency, try using an Urgent Care center – the average cost is only a few hundred dollars.

Precertification & Case Management Services

Precertification ensures that the patient receives the best possible and most appropriate care, while also managing healthcare costs in the most efficient and effective manner. If you have one of the following procedures scheduled, you will need to call **Corporate Care Management (CCM) at 855.801.3598**. It is ultimately the patient's responsibility to ensure that precertification has occurred or a \$200 penalty will apply.

Precertification is required for all Inpatient Admissions, Outpatient Surgeries (other than those performed in a physician's office), all Chemotherapy/Radiation Therapy, Infusion Therapy, MRIs, MRAs, CT Scans, PET Scans, Durable Medical Equipment over \$2,500 (including all Prosthetic, Orthotic and Orthopedic Devices) and Home Health Care. It is also recommended to precertify in advance any First Trimester Maternity. Please see your Benefit Plan for specific details (patient responsibility).

If you have an ongoing or complex medical condition, you may be contacted by a Large Case Management (LCM) nurse. Case Management is there to assist you by helping to navigate through the complex world of healthcare. The goal is to provide support, manage costs and help to improve outcomes. While participating in LCM is optional, it is highly recommended in order to close the communication gap and better manage your treatment plan.

UnifiedGrp.com

The Unified Group Services, Inc. website, UnifiedGrp.com, allows each employee the capability to check claims status and receive information regarding your plan and benefits online 24/7 for your convenience. You will also Go Green & begin receiving electronic notification of Explanation of Benefits (EOBs)! All EOBs will archive online for your convenience. In order to receive an email notification that a claim has been processed you must log on to UnifiedGrp.com to register as a first time user and create your username and password.

Unified Group Services

Home | Claims | Eligibility/Deductibles | Previous Eligibility | Flex/PBA/105 | Act/Well/Health | Rx Help Centers | Unified Advisor

Welcome

Welcome to your personalized online health plan resource. You will find information about benefits, coverage and claims. Additional features include searching for providers, requesting an ID Card, accessing downloadable forms/documents/ID cards and more!

Coverage Summary

Member ID: 00999000100	Member Name: JOHN SAMPLE
Effective Date: 3/3/2005	Term Date: 12/31/2099
Group Name: UNIFIED GROUP SERVICES, INC	Group Number: 999
Status: Active	

[View Full Eligibility and Accruals](#)

Quick Links

- View/Print ID Card
- Requests/Changes
- Debit Card Flex Claims
- FSAS/Store Eligible Items
- PPD Network - Cigna
- Rx Network - Envision
- Rx Mail Order
- Benefits Documents/Links/Forms

Claim #2015-252002203-0000

Administered By: Unified Group Services Inc.
P.O. Box 10
Purdleton, IN 46064
765-438-6688
www.UnifiedGrp.com
Current As Of: 9/10/2015

Member Billing Address:
123 MAIN STREET
ANDERSON, IN 460130000

Member:	JOHN SAMPLE	Date of Service:	8/20/2015
Member ID:	00999000100	Group ID/Name:	999/UNIFIED GROUP SERVICES, INC
Claim Status:	Claim in process but not completed	Service Provider:	LUTHERAN MEDICAL GROUP LLC
Patient Account Number:	123456		

Claim Details

Type of Service	Plan Charges				Member Responsibility					
	Charge	Adjustment*	Allowed	Plan Paid	Not Covered By Plan	Reason Code	Co-Pay	Deductible	Coinsurance	Member Responsibility
SPECIALIST OFFICE VISIT	\$85.00	\$0.00	\$85.00	\$0.00	\$0.00	1	\$0.00	\$85.00	\$0.00	\$85.00
Total	\$85.00	\$0.00	\$85.00	\$0.00	\$0.00		\$0.00	\$85.00	\$0.00	\$85.00

Adjustment * - You have no obligation to pay this amount since the provider has contractually agreed to accept the reduction.

Log on to UnifiedGrp.com and click on User Login.

Follow the steps below in order to create your account.

STEP 1 - Select Member and enter the Group Number listed on your Medical ID card.

STEP 2 - Select Register Account in the lower right hand corner of the screen.

STEP 3 - Read through the License Agreement and click on "Agree".

STEP 4 - Validate your Member ID or Social Security Number and Date of Birth.

STEP 5 - Create Username, Password, Security Questions, provide Email Address.

STEP 6 - Verify your registration information is correct.

Have a smart phone? Are you on the go?

Download UnifiedGrp Mobile for access to deductible information and benefits at your fingertips!

The UnifiedGrp Mobile app is available for download at no additional charge on Apple and Android smart phones. Search Keyword: UnifiedGrp Mobile

UnifiedGrp.com – Explanation of Benefits (EOBs)

In order to help you better utilize UnifiedGrp.com for viewing of your online EOB's we have identified common codes and highlighted certain areas to draw your attention to.

Administered By: Unified Group Services Inc. P.O. Box 10 Pendleton, IN 46064 765-608-6680 www.UnifiedGrp.com	
Current As Of: 6/8/2017.	
Member Mailing Address: 211 SOUTH WEST ST ANYWHERE, WV 26400	
Member:	SAMANTHA THOMAS
Member ID:	009990001200
Date of Service:	5/26/2017
Group ID/Name:	999/UNIFIED GROUP SERVICES, INC
Claim Status:	Claim in process but not completed
Service Provider:	DUPONT HOSPITAL
Patient Account Number:	D17100000097
PPO Network:	THREE RIVERS PREFERRED PLUS

Claim Details

Type of Charge Service	Adjustment*	Allowed	Plan Paid	Not Covered By Plan	Reason Code	Co-Pay	Deductible	Coinsurance	Member Responsibility
DIAG X- RAY/LAB OUTPT HSP	\$561.81	\$516.81	\$45.00	\$0.00	13 1	\$0.00	\$45.00	\$0.00	\$45.00
Total	\$561.81	\$516.81	\$45.00	\$0.00		\$0.00	\$45.00	\$0.00	\$45.00

Adjustment * - You have no obligation to pay this amount since the provider has contractually agreed to accept the reduction.

Reason Code Descriptions

13 - DISCOUNT APPLIED
1 - APPLIED DEDUCTIBLE

Claim Status – you will see one of the following explanations:

- Claim in process but not completed – Your claims account manager has received this claim; however, it has not yet been processed
- EOB Notification completed – The claim has been processed and closed, but no payment has been sent
- Paid – This means your claim has been processed, paid, and closed

The Claim Details section provides a breakdown of the charge:

- Type of service – Primary Care, Specialist, Lab, etc. will be listed.
- Charge – The amount your provider billed for services rendered.
- Adjustment – Any PPO/Network discount will be listed in this section.
- Allowed – Amount after discount that is eligible for either plan payment, deductible, copay or coinsurance.
- Plan Paid – This is the amount that your employer is responsible for paying toward your claim.
- Not Covered – If a claim is ineligible, the amount not covered charge will appear here. The reason for services not covered will appear in the "Reason Code Description."
- Reason Code Description - This will show different explanations on how the claim was processed such as: (1) if a discount was applied, (2) if a copay was applied, (3) if any/all of the charge was applied to deductible and/or coinsurance, (4) if a charge exceeds usual and customary, (5) if the charge exceeds your plan limits, or (6) if Unified needs additional information in order to further process the claim.
- Copay/Deductible/Coinsurance/Member Responsibility – Each of these sections will outline the charges that you will be responsible for after payment has been made to the provider.

ID Cards

New ID card(s) will be distributed by your employer. Show your new ID card to all of your family's health care providers at the next visit to ensure that your claims are submitted correctly. Also, please contact us if you need any additional ID cards.

HOPEWELL CENTER

Unified Claims and Eligibility
UnifiedGrp.com
Benefits Inquiry: 800.291.5837

Unified
Group Services

Member
Employer: HOPEWELL CENTER, INC.
Group #: 4385
Member: Sample Employee
Member ID: 043850007400

Medical Plan
encore COMBINED
encoreconnect.com 888.446.5844

Pharmacy Plan
RXBIN: 020958
PCN: 07960000
RXGRP: TRUE4385

trueRX
HEALTH STRATEGISTS
TrueRx.com
Member: 866.921.4047
Pharmacy: 833.202.8783

Copays
In-Network PCP \$30
In-Network Specialist \$50
Urgent Care \$50
Emergency Room \$250

Deductibles | Out of Pocket
Deductible: \$3,500 In-Network
Deductible: \$7,000 Out-of-Network
Out of Pocket: \$7,000 In-Network
Out of Pocket: \$14,000 Out-of-Network

Women's Health & Cancer Rights Act of 1998

This memorandum serves as your annual notification of the breast reconstruction coverage available through our medical plan after mastectomy. This coverage is subject to the same benefit guidelines and plan requirements as any other plan benefits (please see your benefit booklet).

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Coverage for prostheses and physical complication of all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Health Plan Contact Information

Health Plan Administrator Mail General Correspondence to:	Unified Group Services, Inc. 3131 E. 67 th Street Anderson, IN 46013 (765) 608-6680 (765) 608-6689 Fax
Employee Benefits Website:	www.UnifiedGrp.com
Group Health Plan Number:	4385
Claims Account Manager:	Leah M. LeahM@UnifiedGrp.com
Flex Account Manager:	Debbie A. DAllen@UnifiedGrp.com
PPO Network:	Encore Combined (765) 608-6680 EncoreConnect.com
Pharmacy Network:	True Rx (866) 921-4047 TrueRx.com

