



West Ohio Conference
The United Methodist Church

WELCOME TO OPEN ENROLLMENT

2023 Benefits Guide



McGohan
Brabender

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

West Ohio Conference strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you’re getting the most out of our benefits—that’s why we’ve put together this Open Enrollment Guide.

Open enrollment is the time of year when you can make changes to your elected benefits. This guide outlines all of the different benefit options, so you can identify which ones are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2023. If you have questions regarding the benefits in this guide, please contact your HR Representative.

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2023 BENEFIT HIGHLIGHTS

West Ohio Conference continues to work hard to keep benefits stable and maintain minimal disruption every year. The 2023 benefits will continue this trend with no disruption to carriers, plan designs and network with minimal cost changes.

There are several resources throughout this guide that compliment your core benefits. These tools and resources are free to you and can enhance your benefit experience.

1. RetireMed
2. McGohan Brabender’s Advocate Team
3. Anthem’s Sydney Health, ConditionCare, 24/7 NurseLine, and Learntolive

| BENEFIT | CARRIER | WEBSITE / EMAIL | PHONE |
|-------------------|-------------------------------|--|--|
| MEDICAL | Anthem BC/BS | www. Anthem.com | 1-877-313-0597 |
| DENTAL | Delta Dental | www.deltadentaloh.com | 1-800-524-0149 |
| VISION | Vision Service Plan | www.vsp.com | 1-800-877-7195 |
| LIFE & DISABILITY | Mutual of Omaha | www.mutualofomaha.com | Life: (800) 775-8805 Dis.: (800) 877-5176 |
| HSA | Christian Family Credit Union | www.christianfamilycu.com | 1-513-528-1521 |

ELIGIBILITY

Who is eligible?

All regular, full-time Clergy, Conference, and District employees are eligible to enroll in the West Ohio Conference of the United Methodist Church Employee Benefits Program. Additionally, part-time Clergy may have access to the plan with DS and church approval. You must be actively at work for your coverage to be effective on your eligibility date. You may also enroll your eligible dependents; your legal spouse, your registered domestic partner, and your dependent children, whether natural, adopted, stepchildren, foster, or those for whom you have legal custody by court decree up to the age of 26.

How to enroll

The first step is to review your current benefits. Verify all of your personal information (address, etc.) and make any necessary changes.

If you are not making ANY changes, you do not need to complete a new enrollment form. If you are waiving coverage, joining for the first time adding/dropping a family member(s) from your plan you will need to complete the Anthem enrollment form.

If you have any questions regarding Open Enrollment or signing up for benefits, please contact: Grace Welch at GWelch@WOCUMC.org or (380) 223-9310 and Dilys Gyimah at dgyimah@wocumc.org or (614) 844-6200 ext. 10312

When to enroll

Open enrollment begins on **November 18th and ends December 19th**. The benefits you choose during open enrollment will become effective on January 1st, 2023.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying event, you must contact HR within 30 days of the event.



Health Insurance



| Anthem Medical HDHP | In Network | Out of Network |
|---|-----------------------------------|------------------------------------|
| Calendar Year Deductible | \$3,500 Single / \$7,000 Family | \$7,000 Single / \$14,000 Family |
| Deductible Type* | Embedded | Non-Embedded |
| Co-insurance | 0% | 40% |
| Out-of-pocket w/ Deductible | \$3,500 Single / \$7,000 Family | \$10,500 Single / \$21,000 Family |
| Physician Office Visits | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Specialist Office Visit | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Preventive Care | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Complex Radiology | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Inpatient Hospitalization | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Urgent Care | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Emergency Room | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Urgent Care | | |
| | 0% coinsurance; after ded. | 40% coinsurance; after ded. |
| Retail Prescription Drugs (30 days) | | |
| Tier 1: Generic | Tier 1: 0% coinsurance after ded. | Tier 1: 20% coinsurance after ded. |
| Tier 2: Preferred Brand | Tier 2: 0% coinsurance after ded. | Tier 2: 20% coinsurance after ded. |
| Tier 3: Non-preferred Brand | Tier 3: 0% coinsurance after ded. | Tier 3: 20% coinsurance after ded. |
| Mail Order Prescriptions (90 Day Mail Order) | | |
| Tier 1: Generic | Tier 1: 0% coinsurance after ded. | Tier 1: Not covered |
| Tier 2: Preferred Brand | Tier 2: 0% coinsurance after ded. | Tier 2: Not covered |
| Tier 3: Non-preferred Brand | Tier 3: 0% coinsurance after ded. | Tier 3: Not covered |
| Cost Per Month | | |
| Employee | Employee: \$141.00 | |
| Employee + One | Employee + One: \$294.00 | |
| Employee/Child(ren) | Employee/Child(ren): \$294.00 | |
| Family | Family: \$386.00 | |

***Embedded deductible:** No one family member may contribute more than the individual deductible amount to the family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to co-insurance up to the individual out-of-pocket max. Once the family deductible has been satisfied, benefits for the family are payable subject to co-insurance and family out-of-pocket max.

Non-embedded deductible: The total amount of the family deductible must be met, either by one member or a combination of members on that family plan, before the coinsurance kicks in.



DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The West Ohio Conference of the United Methodist Church offers a dental plan so that you and your family can receive the care needed to maintain good health. Your dental coverage is an important health benefit, and it is important to fully understand your plan details. The Delta Dental plan offers the insured the freedom to access any dentist (contracted or not) for dental services. The plan features a \$0 per member deductible.

| Delta Dental | Dental Plan | |
|-------------------------------|--------------------|--------------------|
| | In Network | Out of Network |
| Calendar Year Deductible | \$0 | \$0 |
| Calendar Year Benefit Maximum | \$1,000 per person | \$1,000 per person |
| Preventive & Diagnostic Care | 100% | 100% |
| Basic Restorative Care | 80% | 80% |
| Major Restorative Care | 50% | 50% |

VISION INSURANCE



Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

West Ohio Conference’s vision insurance entitles you to specific eye care benefits. The policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of an **in-network provider** listed in the Preferred Provider directory, your benefits include:

| VSP | Vision Plan | |
|---|--|----------------------|
| | In Network | Out of Network |
| Calendar Year Deductible | None | None |
| Eye Exam (Every 12 months) | \$20 Co-pay | Up to \$45 |
| Single/Bi-Focal/Tri-Focal (Every 12 months) | \$25 Co-pay | Up to \$30/\$50/\$65 |
| Frames (Every 24 months) | Up to \$130 allowance, then 20% discount | Up to \$70 |
| Contact Lenses (Every 12 months) | Up to \$130 allowance | Up to \$105 |
| Lasik Surgery | 15% off retail | Not covered |

*Note: You can get a free vision exam through your medical insurance as a preventive visit.

HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans. HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2022 is \$3,650 for individual coverage and \$7,300 for family coverage. **In 2023, it increases to \$3,850 for individual coverage and \$7,750 for family coverage. West Ohio Conference contributes \$1,000 annually for single coverage and \$2,000 annually for family coverage.**

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

WHO IS ELIGIBLE FOR AN HSA?

- Covered by a High Deductible Health Plan
- NOT enrolled in first dollar coverage (PPO)
- NOT enrolled in Medicare, Medicaid, Tricare
- NOT claimed as a dependent on someone else's tax return

WHAT CAN HSA DOLLARS BE USED FOR?

HSA funds can be used tax-free for members of the family who meet the IRS's definition of a "tax dependent".

Distributions for non-qualified expenses are taxable income plus a 20% excise tax. You can use HSA dollars for qualified medical, dental, and vision expenses. Once you turn 65 years old, HSA funds can be transferred to retirement savings account and used on any expenses. There is a condensed list below but for more information check out www.irs.gov/pub/irs-pdf/p502.pdf.

***Please note you can NOT contribute into an HSA if you are enrolled in Medicare Part A.**



HOW BEING MEDICARE ELIGIBLE WORKS WITH YOUR HEALTH SAVINGS ACCOUNTS

Please see the Benefits Office if you are enrolling in any part of Medicare while continuing to work so they can help in your transition from the HSA, stop your HSA contributions, and help plan moving your coverage to the HRA next open enrollment season.

Your decision to enroll in Part A and Part B **depends on whether you have a high-deductible health plan with a health savings account (HSA):**

I do NOT have a Health Savings Account (HSA)

Part A: If you qualify for premium-free Part A, you should enroll in Part A when you turn 65. However, if you have to pay a premium for Part A, you can delay Part A until you (or your spouse) stop working or lose that employer coverage. You will NOT pay a penalty for delaying Part A, as long as you enroll within 8 months of losing your coverage or stopping work (whichever happens first).

Part B: You can delay Part B until you (or your spouse) stop working or lose that employer coverage. This allows you to save the cost of your Part B premium. It also allows you to postpone your one-time “Medigap open enrollment period” until a later time, when you may want to purchase this type of coverage.

You will NOT pay a penalty for delaying Medicare, as long as you enroll within 8 months of losing your coverage or stopping work (whichever happens first). You’ll want to plan ahead and enroll in Part B at least a month before you stop working or your employer coverage ends, so you don’t have a gap in coverage.

I have a High-Deductible Health Plan AND a Health Savings Account (HSA)

Once you enroll in any part of Medicare, you won’t be able to contribute to your HSA. If you would like to continue making contributions to your HSA, you can delay both Part A and Part B until you (or your spouse) stop working or lose that employer coverage. You will NOT pay a penalty for delaying Medicare, as long as you enroll within 8 months of losing your coverage or stopping work (whichever happens first).

You should talk with your employer benefits manager about whether it makes sense to delay Part A and Part B.

NOTE: *If you qualify for premium-free Part A, your coverage will go back (retroactively) up to 6 months from when you sign up. So, you should stop making contributions to your HSA 6 months before you enroll in Part A and Part B (or apply for Social Security benefits, if you want to collect retirement benefits before you stop working).*

LIFE BENEFITS

Life insurance can help provide for your loved ones if something were to happen to you. West Ohio Conference provides eligible full-time employees with a basic life coverage and pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

Contact HR if you would like to update your beneficiary information.

DISABILITY BENEFITS

West Ohio Conference provides eligible full-time conference and district employees with short-term and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Contact HR to learn more about your current coverage.

HOW TO FILE A CLAIM:

Please contact HR to learn more about your current coverage or how to file a claim.





Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:


- 1 **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions for concerns such as a cough or a sinus infection.
- 2 **Schedule a virtual primary care appointment**
 - Routine care, including wellness check-ins and prescription refills.
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker



When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

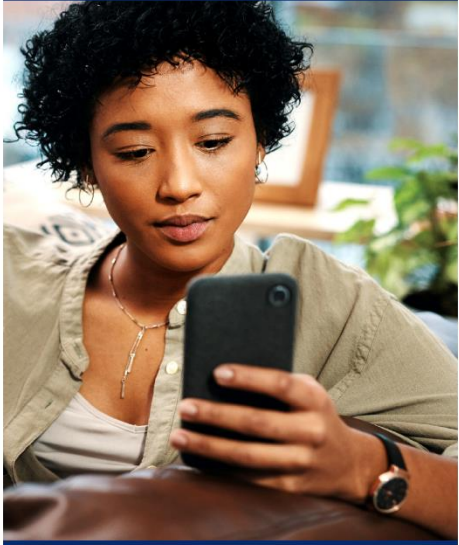
Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.

▶ Download our Sydney Health mobile app today. 

Set up your account right away and it will be ready to use when you need it.



85% of virtual visits **resolve** the person's need.*

*K Health analysis of Q4 2020 visit dispositions.
 Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2021, 2022.
 Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. aka HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Comparecare Health Services Insurance Corporation (Comparecare) or Wisconsin Collaborative Insurance Corporation (WCIC). Comparecare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
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ConditionCare

The support you need to feel your best



I liked getting calls from the ConditionCare nurses. They checked on me to find out if I was on the right track. I appreciated talking with everyone, and they were very professional.
– ConditionCare participant

Take control of your health today

A little help can make a big difference when you or a family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

That’s where ConditionCare comes in. This no-cost health and wellness program provides:

- Access to nurses who can answer health questions.
- Support from care managers, nurses, dietitians, and other healthcare professionals to help you reach your health goals.
- Educational guides, and tools to help you learn more about your condition(s).

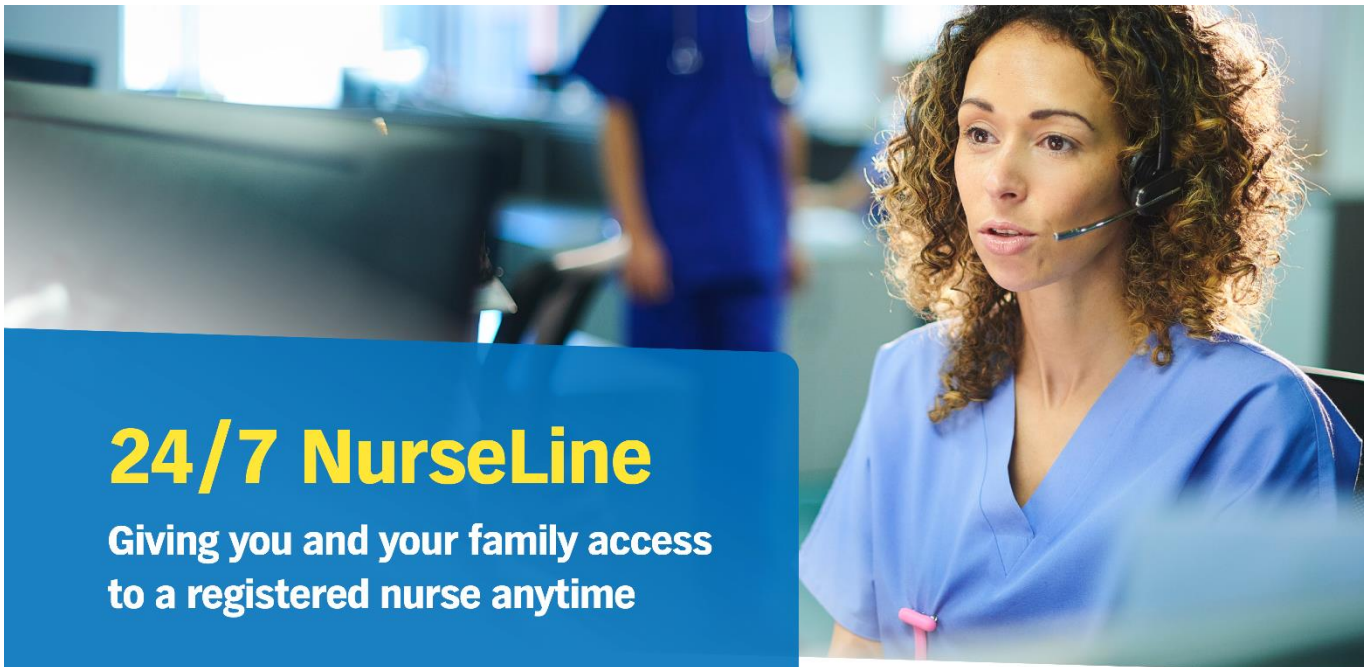
To find out more about the ConditionCare program, call us at **866-962-1071**.



We’re here for you

Sign up for ConditionCare in just a few minutes. Call us at **866-962-1071** to learn how this no-cost program can help you take care of your health.





24/7 NurseLine

Giving you and your family access to a registered nurse anytime

Your health is priceless. That is why it is so important for you to be able to connect to the resources and expert guidance you need to keep you safe and healthy — day or night.

24/7 NurseLine serves as your first line of defense for unexpected health issues. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care. A nurse is always available to help answer your questions.

We understand the need for care to be accessible. When you need guidance on how to protect your health, we are here to support you for any issue — big or small. For help, call 24/7 NurseLine at **800-337-4770**.

A registered nurse can also:

- Help you find doctors, hospitals, and specialists in your area.
- Give you referrals to LiveHealth Online, an option for care that allows you to have a video visit with a board-certified doctor.
- Enroll you in health management programs for certain health conditions.
- Remind you about scheduling important screenings and exams, including dental and vision checkups.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics.

When you use 24/7 NurseLine, you also have access to Anthem's other health and wellness programs to help you achieve your personal wellness goals.



LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.
Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company, Independent license of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
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With you every step of the way

Emotional Well-being Resources offer help when you need it



Your emotional health is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can receive support to help you and your household live your happiest, healthiest lives.

Built on the proven principles of Cognitive Behavioral Therapy (CBT), our digital tools are available anywhere, anytime. They can help you identify thoughts and behavior patterns that affect your emotional well-being – and work through them. You'll learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues.

Change your mind. Change your life.™
Take a quick assessment to find the program that's right for you. To access our Emotional Well-being Resources:
Log in to [anthem.com](https://www.anthem.com), go to My Health Dashboard, choose Programs, and select Emotional Well-being Resources.
Effective: 1/1/22

A wealth of resources at your fingertips



Personalized, one-on-one coaching

Team up with an experienced coach who can provide support and encouragement by email, text, or phone.



Build a support team

Add friends or family members as "Teammates." They can help you stay motivated and accountable while you work through programs.



Practice mindfulness on the go

Receive weekly text messages filled with positivity, quick tips, and exercises to improve your mood.



Live and on-demand webinars

Learn how to improve mental well-being with useful tips and advice from experts.



Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.
Anthem Blue Cross and Blue Shield is the trade name of, in Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/locations/network-access](https://www.anthem.com/locations/network-access). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): Regis HealthCare Managed Care, Inc. (RHC), Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RHC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



The best partner for where you want to go.
Everyday, we help people just like you by serving as a local and trusted resource for Medicare.

Who We Are

RetireMED is your local team of expert advisors in Medicare who provide guidance to help individuals enroll in the right plan – all at no cost.

Who We Help

We work directly with individuals in Ohio, Kentucky, and Indiana who - just like you - want to explore their Medicare health insurance options and select the right plan for their needs and budget.

We also help individuals considering **early retirement** that need health coverage but are not yet Medicare eligible and those **continuing to work past age 65**.

Our expert advisors will help you find the right individual plan for your needs now and be here to help transition you to the right Medicare Plan for your needs later.

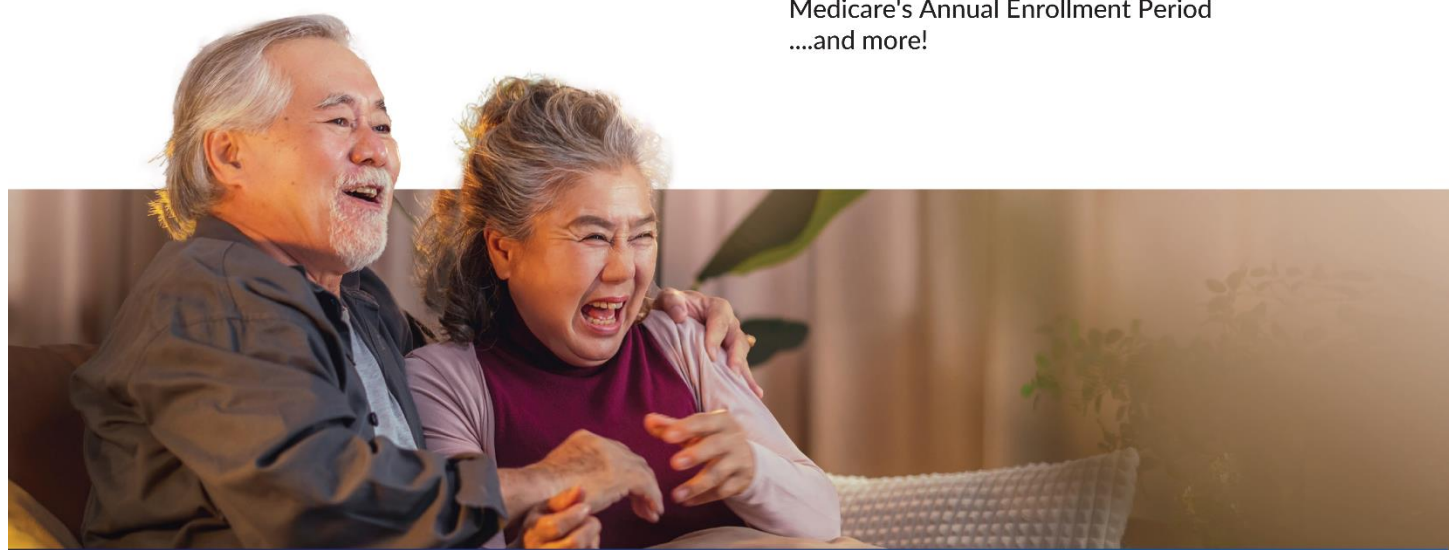
How We Help

We guide you with expertise and compassion. Our team will take the time to get to know you one-on-one, and to hear what matters most to you when selecting the right plan. We'll answer any questions you may have with an honest, unbiased approach, and provide guidance in a way that is easy to understand.

Our lifelong support is what makes us truly unique. As your health needs or budget changes, we will help ensure you are always on the right plan.

Our lifelong support includes:

- Education on important Medicare and plan-related topics
- Assistance with billing questions or issues
- Confirming whether your prescription drugs are covered under your plan
- Confirmation of network status for certain physicians and specialists
- Medicare plan assessment if needed during Medicare's Annual Enrollment Periodand more!





Considering early retirement? Or, planning to work past age 65?

There can be many questions concerning your health care coverage as you approach retirement and Medicare age. We're here to help.

Considering Retirement Before Age 65?

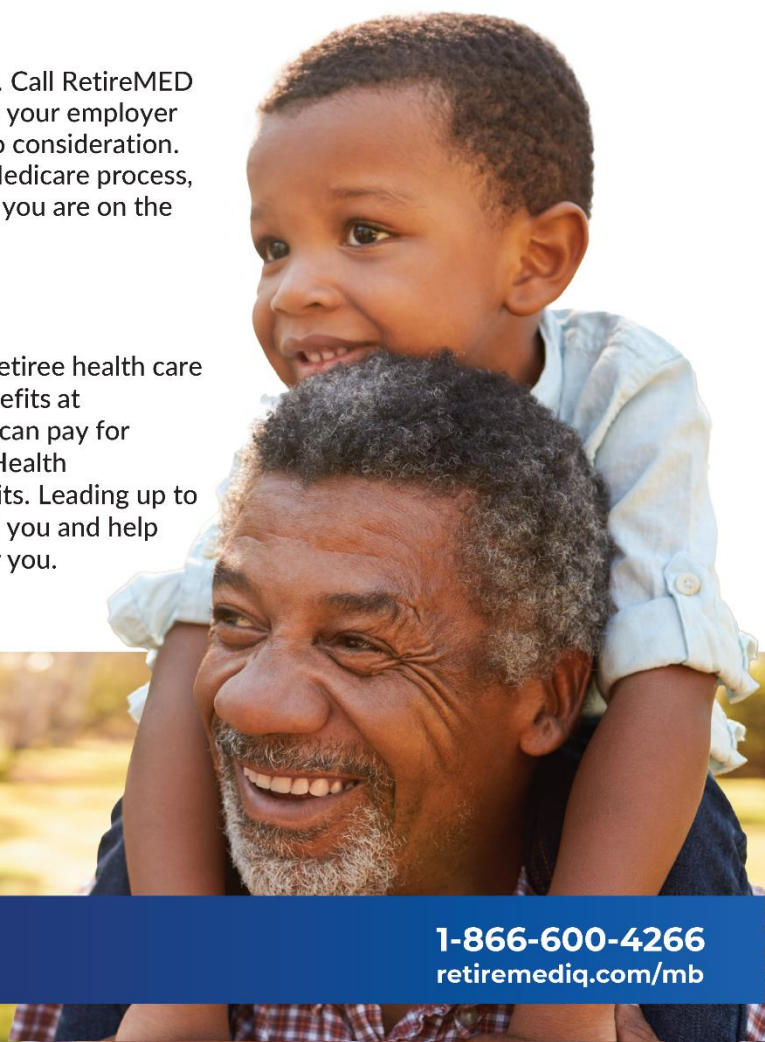
Learn about your health coverage options before Medicare from a local expert. Call RetireMED at 1-866-600-4266 to help research, compare all your options and find the right plan at the right time for you.

Still Working Past Age 65?

Retirement isn't a requirement for Medicare. Call RetireMED at 1-866-600-4266 to compare Medicare to your employer plan. There are various scenarios to take into consideration. RetireMED will help walk you through the Medicare process, compare the employer coverage and ensure you are on the right plan.

Plan to Retire After Age 65?

Via Benefits and Wespeth as they are your retiree health care partners and advocates. You can call Via Benefits at 1-866-249-7785 anytime with questions. You can pay for premiums and other expenses through your Health Reimbursement Account (HRA) at Via Benefits. Leading up to your eligibility date, Via Benefits will contact you and help enroll you on a Medicare Plan that works for you.



Learn more today! **1-866-600-4266**
retiremediq.com/mb



McGOHAN BRABENDER ADVOCATE TEAM

*EXCEPTIONAL SERVICE IS PART OF OUR BRAND.
WE ARE GOOD, SMART PEOPLE FIGHTING FOR YOU.*

WHAT WE DO

At MB, advocacy is more than a department ... it's the foundation of our organization. Our knowledgeable problem-solvers are passionately committed to finding the right solution for every client, every time.

HOW IT WORKS

If you've contacted your physician or carrier and weren't satisfied with the response, our MB Advocates are there to step in on your behalf. We have direct access to senior-level representatives at our carrier partners. We know how to get to the bottom of issues like:

- Explanation of Benefits*
- Provider Billing Questions*
- Coordination of Benefits*
- Pre-authorization Help*
- Enrollment Status*

For speedier resolution, have your insurance card, copies of any correspondence and details from conversations you may have had with the carrier or physician, including names and dates, EOB and bills.

CONTACT US

Our MB Advocates are ready to assist you
 Monday-Friday, 8 a.m. to 5 p.m. EST
p: 937.260.4300 or 877.635.5372
f: 937.499.1160
e: mbadvocates@mbbenefits.com



08/29/2022