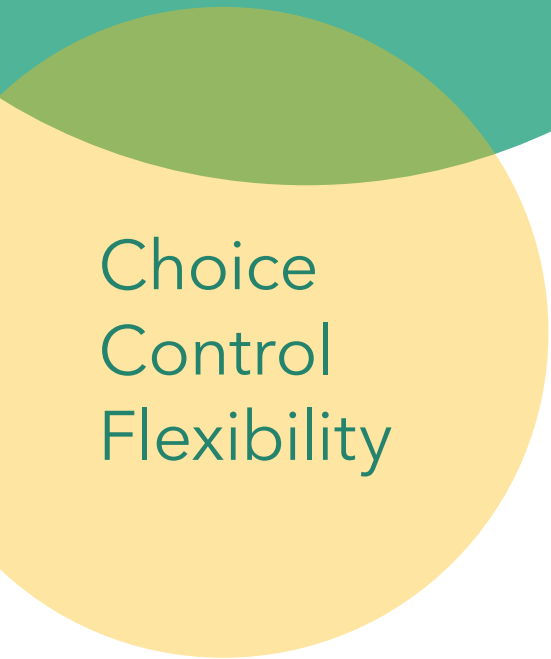




Coverage
designed with
YOU in mind



Choice
Control
Flexibility

hixme

It's time to choose a plan!

Before you do, it's important to understand how working with Hixme has changed the way you select, enroll and manage your health coverage.

The good news: by getting informed and taking an active role, you help us tailor a smarter health plan for you and your family.

(And who better to determine your needs than you?)

So, let's get started!



Contents

WHAT’S HAPPENING

What to Know 3

Your New Plan Type—and Responsibilities 6

THE HIXME HEALTH BUNDLE™

Your 2018 Health Coverage Choices 10

About Right-Fitting Coverage™ 15

SHOP & ENROLL ONLINE

How to Shop for Plans and Enroll 20

Enrolling Online: Step-by-Step 22

AFTER ENROLLMENT

After You Enroll 38

Working with Hixme 44

Familiar with Hixme?

You might want to skip to
SHOP & ENROLL ONLINE on Page 20.





What to Know

New to Hixme?
Here's
what's different
this year



Your plan type is different

Your employer has switched from traditional employer group coverage to **employer-paid private personal coverage**—a change that offers many important advantages to you.



Now, you're in control

Hixme gives you more options and much more flexibility. But it also means you'll need to get more involved in selecting coverage than you did before. Don't worry. It will be well worth your time.

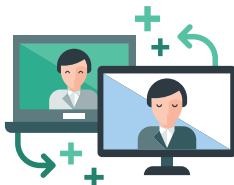
Learn more about your new plan type and how it affects you.
Turn to Page 6.



You've got options

Instead of two or three choices, now you can pick from a variety of Hixme Health Bundles™. Each has essential coverage plus extra features that help protect you against the unexpected.

Check out our Hixme Health Bundles on Page 10.



Right-Fitting Coverage™ for everyone

Traditional health insurance forces you to choose a single plan for the whole family. But Hixme lets you select a different plan for each person, making your dollars work harder.

Read more on Page 15.



Shop and enroll online

Like the best online shopping experiences, the Hixme WorkPlace Market™ Platform makes it easy to browse and make your choices, saving you time and headaches.

See how easy this is.

Start on Page 20.

Hixme

Hixme is your new health partner

Your employer has partnered with us to provide you with more health coverage choices, flexibility and value.

Like your own personal assistants, our professional partners will make your experience rewarding.

Discover what it's like working with us on Page 44.

What's not changing.

Your employer will still pay a portion of your coverage costs. And all your contributions will still be made through automatic payroll deductions.

Your New Plan Type— and Responsibilities

Your personally owned health plan

What you need to know

To provide you with more health coverage options, you are being offered **employer-paid private personal coverage** in place of **traditional group insurance**.

Keep in mind:

- Your employer will still pay part of your health coverage premium.
- All your contributions will continue being made through automatic payroll deductions.
- Your coverage will still be with major health carriers in your area.
- Your coverage will be portable, meaning you can take it with you if you change jobs.
- You have more flexibility – **but also more responsibility to be informed**.

Know your
Open Enrollment dates.

If you don't, contact your
Human Resources Department and find out.

Congratulations, now you're in control!

Hixme offers smarter, more cost-effective health coverage because, unlike traditional insurance, we give you **the flexibility to select a different plan for every member of your family.**

But to get the biggest benefit from our Hixme Health Bundles with Right-Fitting Coverage you'll **need to take a more active role than you have before.**

Do your homework

- Learn about the Hixme Health Bundle and Right-Fitting Coverage.
- Prepare for enrollment by determining your family's medical and prescription needs.
- Understand how and when to submit bills and other required documents to Hixme for reimbursement.

More control. Managed costs.
Smarter coverage.

Sound like a plan?

HOME

THE HIXME HEALTH BUNDLE



Your 2018 Health Coverage Choices

Hixme Health Bundles™

Hello, greater choice
and flexibility!

Like shoes, one-size health coverage does not fit all

That's why your employer is partnering with Hixme—to change the way you get health coverage for the better.

Now, instead of being limited to two or three choices, you can shop a variety of plans offered through local carriers, choosing the best option or options for your unique circumstances.

Plus, every member of your family can have a different plan to suit their individual health situation. We call this **Right-Fitting Coverage**.

Get more for your health care dollar

Along with a Core Health Plan, every plan also includes **safety net coverage** comprised of Hospital and Non-Hospital Related coverage to protect you in case of unexpected situations.

Together, this is called a **Hixme Health Bundle**.



The result? You'll minimize out-of-pocket expenses, yet still enjoy added protection against accidents or illness.

Types of Hixme Health Bundles



FLEXIBLE: \$

The **Hixme Flexible Bundle** is the **LOWEST** priced package with the **LARGEST** amount of safety net coverage.

Best for people who know they're healthy, don't think they'll need much care, want to spend less, and are comfortable relying on the safety net in case of an accident or illness.



BALANCED: \$\$

The **Hixme Balanced Bundle** is a **MEDIUM**-priced package that features a more substantial Core Health Plan with a **MODERATE** level of additional safety net coverages.

Best for those who are basically well, but who may need to manage a mild chronic health condition or have minor surgery. Safety net coverage protects against accidents or illnesses.



SECURE: \$\$\$

The **Hixme Secure Bundle** is the **MOST EXPENSIVE** package, offering the security of maximum coverage. Yet it provides more value than a standalone plan through minimal safety net coverage.

Best for those needing a lot of health care for a chronic condition, surgery or other situation, and who are willing to pay up-front for a more comprehensive core plan.

Your Bundle's Safety Net Coverage

The safety net features of Hixme's Bundle is our "secret sauce" that helps to minimize your out-of-pocket expenses and provides you and your family with a coverage buffer.

Every Bundle automatically includes additional coverages that are part of the integrated package.

The amount of these coverages varies depending on the type of Bundle you select (Flexible, Balanced or Secure).

When you shop for your health coverage, you will see the details for each of these coverages.



Important to Understand

These additional coverages are processed by Hixme RATHER than your health coverage carrier.

You will need to submit documentation to Hixme – we call this **Trigger My Bundle**.
See Pages 41-43 to learn more.

NON-HOSPITAL RELATED Safety Net Coverage

Includes:

- Reimbursement for patient balances for in-network doctor visits or eligible prescriptions in excess of Bundle specific maximums.
- You will pre-pay at the time of service and submit documents to Hixme for reimbursement.



May apply to both HOSPITAL and NON-HOSPITAL Safety Net Coverages

- Supplemental accident coverage which pays an additional amount depending on the type of qualified accident.

HOSPITAL RELATED Safety Net Coverage

Includes:

- 15% discount on certain patient balances over \$500.
- Interest-free payment plan to stretch patient balances over time.
- Additional coverage to further reduce patient balances.

About Right-Fitting CoverageTM

What's so different
(and smart) about
Right-Fitting Coverage

Traditionally, if one person in your family needed more coverage than the rest, everyone had to have the same expensive plan. Or if you chose a less comprehensive lower priced plan, and someone developed a chronic condition, became seriously ill, or was injured, your coverage could fall short.

Then came Hixme.

Better for one. Better for all.

Unlike traditional health coverage, Hixme gives you the option to pick a different level of coverage for each member of your family. Not too little. Not too much. Just choose the Hixme Health Bundle that suits each person's situation best.

We call that **Right-Fitting Coverage** – an approach designed to make your dollars work harder.

Meet the Blake Family

The Blakes' son, Michael, has asthma and requires more coverage to meet his needs. Mom sees her doctor regularly and takes medication for occasional migraines.

The rest of the family – Dad, April and Tanya – are all in good health.

With Traditional Coverage

Everyone in the Blake family would have to have the SAME plan.



Traditional Plan:
Same coverage for everyone

With Hixme Coverage

Each family member can pick the level of coverage that meets their individual needs.



Choice:
Hixme
Flexible Bundle™

Tanya, Dad and April:
All in good health

Cost: \$

Choice:
Hixme
Balanced Bundle™

Mom:
Regular doctor
visits and
takes maintenance
medication

Cost: \$\$

Choice:
Hixme
Secure Bundle™

Michael:
Ongoing specialist
visits and takes
Tier 4 specialty
medications.

Cost: \$\$\$

With Right-Fitting Coverage,
the Blakes enjoy better coverage at a lower cost.



HOME

SHOP & ENROLL ONLINE



How to Shop for Plans and Enroll

Choosing coverage
is easy

With Hixme as your health partner, you'll be able to shop for plans and enroll entirely online using the **Hixme WorkPlace Market**. This powerful tool is not only simple, it's smart too. And it can help speed things along by matching you with plans that are just right for every member of your family.

HMOs, PPOs, EPOs or HSA-Compatible plans. Whichever suit your needs best. They're all available from local carriers you know.

Of course, if you ever need help you can always call Hixme and talk to a real, live person.

Before you enroll, do your homework

Your enrollment experience will be smoother if you do the following **before** you enter the Hixme WorkPlace Market.

- Determine how much health care you and your family used last year.
- Think about your health needs for the coming year, including a list of prescriptions your family currently uses.
- Make a list of doctors, specialists, hospitals or other health care professionals you prefer to use so you can see what coverage they accept.

When it's time to enroll

Go to enrollme.hixme.com during your scheduled Open Enrollment period.

If you haven't created a Hixme account, click the link to sign up and you're all set!

No computer? No worries! We'll walk you through it.

If you don't have access to a computer, or need assistance with enrollment, you can call Hixme at **866-936-2854** and we'll step you through the whole process.

Ready to enroll? Let's get started!

Enrolling Online

Step-by-Step Instructions

PLEASE NOTE:

The WorkPlace Market screens and information shown on the following pages are for demonstration only.

Your screens and information will be different.

PART 1: STARTING OUT

STEP 1: Logging into the Hixme WorkPlace Market

Go to enrollme.hixme.com during your scheduled Open Enrollment period.

If you are a new user and haven't yet created a Hixme account, click the link **New User? Sign up here** at the bottom of the screen which will advance you to the **Sign Up** page.

After filling out the form, click **Sign Up** at the bottom of the screen which will automatically advance you to the **Terms and Conditions** page. Review and scroll down to accept. You will then advance to the **My 2018 Benefits** dashboard.

The image displays two screenshots of the Hixme WorkPlace Market interface. The top screenshot shows the login page with fields for 'Email or Phone Number' and 'Password', a 'Login' button, and a link for 'New user? Sign up here.' The bottom screenshot shows the sign-up page with fields for 'Last 4 of your social security number', 'Date of birth', and 'Zip code of your residence', and a 'Sign up' button. To the right, a 'My 2018 Benefits' dashboard is shown with a 12-day enrollment timer and various benefit selection options like 'My Personal Info', 'My Health Bundle', 'My Dental', 'My Vision', 'My Additional Benefits', and 'Finish Enrollment'. Below this is a 'My 2017 Benefits' section with 'My Benefits Summary' and 'Trigger My Bundle' options.

hixme | WorkPlace Market™

Email or Phone Number
Your email or phone number

Password (Show password) Forgot your password?
Your password

Login

New user? Sign up here.

hixme | WorkPlace Market™

Sign up.

If your employer has provided your information, you have an account waiting to be setup. Just fill out your information below to get started

Your account

Last 4 of your social security number
0000

Date of birth
mm/dd/yyyy

Zip code of your residence

My 2018 Benefits 12 days left to finish enrollment.

My Personal Info
View or update your personal information as well as dependent information.
Start

My Health Bundle
Get a custom recommendation, or shop the marketplace of health plans.
Start

My Dental
Elect a dental plan for you and your family.
Start

My Vision
Elect a vision plan for you or members of your family who need it.
Start

My Additional Benefits
Explore the valuable benefits your employer has made available to you.
Start

Finish Enrollment
Confirm your benefits, sign the forms and finish enrolling.
Finish & Confirm Benefits

What if I want to waive coverage?

My 2017 Benefits Day #329 of your coverage.

My Benefits Summary
View a summary of your benefits.
View

Trigger My Bundle
Have an accident or medical need? Add or update your bundle events.
View

TAKE YOUR TIME:

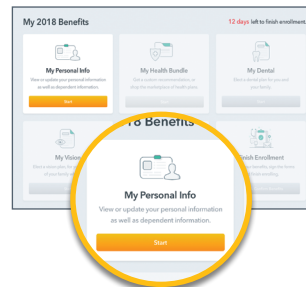
Explore the site and become comfortable with the navigation. **Until you do your FINAL review and APPROVAL of your selections, you can always go back and change your selections.**

PART 2: MY PERSONAL INFO

STEP 2: Reviewing Your Personal Information

From your **My 2018 Benefits** dashboard, click **Start** on the **My Personal Info** box.

Your information should be preloaded by your employer before enrollment begins. First, review the information listed for you.



Is your information correct?

This is the information we have so far. Please verify that everything is correct.

Trudi Blake

[Edit](#)

Gender: Female
Date of birth: December 6, 1981
Street address: 27489 Agoura Road
City: Agoura Hills
State: California
Zip code: 91301
County: Los Angeles
Smoker: No
SSN: ***-**-3333
Phone number: (800) 238-2444

[Save & continue](#)

If your information is correct, click **Save & Continue**. You will then advance to the Dependent Information screen.

Once you have edited your information, click **Save**. You will then advance to the Dependent Information screen.

If your information is not shown or is incorrect, click **Edit** and enter or update your information on the form that appears.

Is your information correct?

This is the information we have so far. Please verify that everything is correct.

First name: Trudi
Last name: Blake
Date of birth: December 06, 1981
SSN: 555-55-3333
Phone number: (913) 663-2121
Gender: ☐ Male ☒ Female
Smoker: ☐ Yes ☒ No
Street Address: 27489 Agoura Road
Apt/Suite:
Zip code: 91301
State: CA
City: Agoura Hills
County: Los Angeles

[Cancel](#)[Save](#)

STEP 3: Reviewing Your Dependent Information

Review the information listed for your dependents.


Dependent Information

Confirm, add and/or edit dependent information before continuing.

Mark Blake

Edit

Relationship	Spouse
Gender	Male
Date of birth	February 28, 1979
Street address	Same as Worker
Smoker	No
SSN	***-**-0349

 Add a dependent

Save & continue

If your dependent's information is correct, click **Save & Continue**. You will then advance to **Your Personal Info** screen that shows the information for you and your dependents.

If everything is correct, click **Continue**.

If your dependent information is incorrect, click **Edit** and enter or update your information on the form that appears.

You can add an additional dependent by clicking **Add a Dependent**.

Would you like to add dependents?

Confirm, add and/or edit dependent information before continuing.

First name

Tanya

Last name

Blake

Date of birth

Relationship

SSN

Gender

☐ Male ☐ Female

Smoker

☐ Yes ☐ No

☒ Same address as Worker

Delete

Cancel

Save

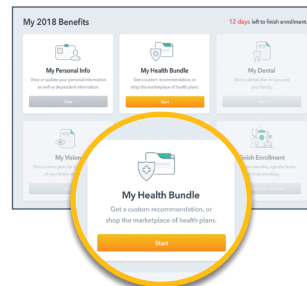
Complete the information and click **Save**. You will then advance to **Your Personal Info** screen that shows information for you and your dependents.

If everything is correct, click **Continue**.

PART 3: MY HEALTH BUNDLE

STEP 4: Identifying Medical Needs for You and Your Family

Once you have reviewed and saved your **Personal Info**, you will automatically advance to the **Medical Needs for 2018** questionnaire in the next section, **My Health Bundle**. You will be asked four questions about current and anticipated health needs for 2018 for you and your family.



Medical needs for 2018

Go back

✓

Is someone covered by your medical plan likely to have a baby in 2018? ⓘ

Yes

No

2

Is someone covered by your medical plan likely to have a surgery and/or hospital stay in 2018?

Yes

No

To which person(s) does this apply?

☒ Trudi Blake

☒ Mark Blake

☐ April Blake

☐ Tanya Blake

☐ Michael Blake

Continue

3

Is someone covered by your medical plan likely to fill 10 or more prescriptions in 2018? ⓘ

Yes

No

4

Is someone covered by your medical plan likely to have ongoing treatment for a minor condition in 2018? ⓘ

Yes

No

If you answer **Yes** to a question, we will ask you to indicate who this applies to.

Click **Continue** to go to the next question.

PLEASE NOTE:

You can change your answers to these questions by clicking on the **Edit Health Needs** on the Bundle shopping page.

When all questions are answered, click **See the Bundles>**

Medical needs for 2018

Go back

✓

Is someone covered by your medical plan likely to have a baby in 2018? ⓘ

Yes

No

✓

Is someone covered by your medical plan likely to have a surgery and/or hospital stay in 2018?

Yes

No

✓

Is someone covered by your medical plan likely to fill 10 or more prescriptions in 2018? ⓘ

Yes

No

✓

Is someone covered by your medical plan likely to have ongoing treatment for a minor condition in 2018? ⓘ

Yes

No

See the Bundles >

You will be able to return to your profile if you need to adjust your answers.

STEP 5: Search and Compare

To help you avoid buying too much or too little coverage, you will be shown various Hixme Health Bundle options based on your answers to your medical needs questions.

The 🌟 suggests a Bundle level that may work best for you.

Bundles are organized into the three Hixme Health Bundle levels:

- **Flexible**
- **Balanced**
- **Secure**

Each Bundle level will have multiple Bundle Cards.

Each card shows a different plan option with:

- Your cost
- Carrier
- Plan type (PPO, HMO etc.).

Recommended: Multiple Bundles why? Group: 1 of 2

Shop for next group

45 Bundles

Shop for Mark, Tanya and April

Learn about Bundle levels

Compare 2 Bundles

based on health needs, this level fits best.

FLEXIBLE **BALANCED** **SECURE**

1 of 15 2 of 16 4 of 14

\$75.00 Per paycheck (for 3 people)
BlueCross / BlueShield
PPO

\$140.00 Per paycheck (for 3 people)
Oscar
EPO

\$260.00 Per paycheck (for 3 people)
Kaiser
HMO

Bundle highlights

Primary visit \$50 \$35 \$25
Specialist visit \$50 \$35 \$25
Drugs - Tier 1 / 2 / 3 \$20 / \$40 / \$40 \$20 / \$40 / \$40 \$15 / \$30 / \$30
Inpatient deductible \$2,025 \$230 \$0
Inpatient coinsurance 25% up to \$4,578 20% up to \$3,578 10% up to \$4,578
Outpatient deductible \$2,025 \$230 \$0
Outpatient coinsurance 25% up to \$4,578 20% up to \$3,578 10% up to \$4,578

Doctors in-network
Participating Hospitals

Details Add to My Benefits

Details Add to My Benefits

Details Add to My Benefits

Click **Show Filters** to narrow your search. (See next page for more info.)

Click **Details** to show the full plan information.

Click **Add to Compare** or **Add to My Benefits** in the upper right corner of the card to compare up to three Bundles.

Expand to see:

- **Doctors In-network** link to search options
- **Participating Hospitals** in this specific plan's network.

SAVE & FINISH LATER:

You can **SAVE** your work and return later to complete your enrollment.

STEP 6: Using Filters to Search and Compare

Click **Edit Health Needs** to revise your answers to the initial four Medical Needs questions, then click **Save** to see the new results.

Key Bundle highlights are shown on every Bundle Card.

Your Copay, Deductibles and Coinsurance amounts are shown here.

If the costs are in **purple**, this means that your **Bundle benefits have been applied, lowering your cost.**

The screenshot displays the Hixme insurance selection interface. At the top, there's a navigation bar with a back arrow, 'Back to My Personal Info', and a 'Shop for next group' button. Below this, a header section shows 'Recommended: Multiple Bundles' and 'Group 1 of 2'. A yellow circle highlights the 'Edit health needs' button. The main content area is divided into four sections: Carriers (with checkboxes for BlueCross / BlueShield, Bright Health, Cigna, Kaiser, and Oscar), Plan types (with checkboxes for FPO, EPO, HMO, and HSP), Health savings (with checkboxes for Include HSA / HDHP and HSA / HDHP only), and Monthly cost (with a dropdown for 'Up to \$539.00 per month'). Below these sections, there are filters for 'Bundles similar to my current medical plan' and 'Bundles with participating hospitals'. The main display area shows 40 Bundles, with a 'Learn about Bundle levels' link and a 'Compare 2 Bundles' button. Three bundle cards are visible: 'FLEXIBLE' (BlueCross / BlueShield PPO, \$75.00 per paycheck), 'BALANCED' (Oscar EPO, \$140.00 per paycheck), and 'SECURE' (Kaiser HMO, \$260.00 per paycheck). Each card shows a 'Bundle highlights' section with details on Primary visit, Specialist visit, Drugs, Tier 1 / 2 / 3, Inpatient deductible, Inpatient coinsurance, Outpatient deductible, and Outpatient coinsurance. At the bottom of each card, there are buttons for 'Details', 'Add to Compare', and 'Add to My Benefits'.

Expand **Show Filters** to narrow your options by:

- Carriers
- Plan types
- Your cost

Click to select or deselect different options to see the search results.

We **STRONGLY** encourage you to try different filter settings to see different results. Really explore your options. Shop around and compare plans.

That is what Hixme is all about.

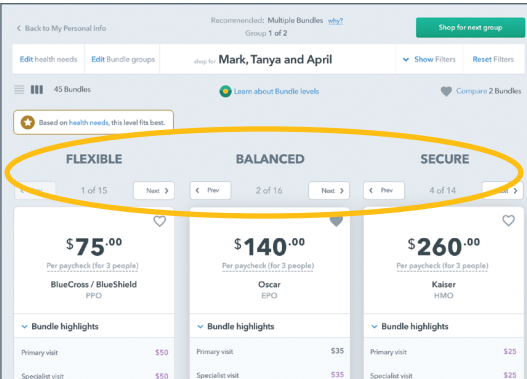
STEP 7: Navigate and Compare


Each level has more bundles than just what is displayed on your screen.

As shown here, Flexible has 15 Bundle Cards, Balanced has 16 Bundle Cards and Secure with 14 Bundle Cards to choose from.

Click **Prev** or **Next** to scroll through the bundles within each level.

DON'T FORGET: Use the Filters to increase or limit your Bundle options.



Save and Compare up to three Bundle cards by clicking on the .

Compare saved Bundles		
	\$75.00 Per paycheck (for 3 people)	\$140.00 Per paycheck (for 3 people)
	FLEXIBLE	BALANCED
BUNDLE LEVEL	BlueCross / BlueShield	Oscar
Health Plan	PPO	EPO
Style of Network	View Directory	View Directory
Provider Directory		
HOSPITAL INPATIENT RELATED		
Net Deductible	\$2,025	\$230
Coinurance	25% up to \$4,578	20% up to \$3,578
HOSPITAL OUTPATIENT RELATED		
Net Deductible	\$2,025	\$230
Coinurance	25% up to \$4,578	20% up to \$3,578
PHYSICIAN RELATED		
Preventive Care	\$0 copay	\$0 copay
Primary Care	\$50 copay	\$35 copay
Specialist	\$50 copay	\$35 copay
Aspiranature	\$75 flat 3 visits	\$0 copay
Chiropractic	Not Covered	Not Covered
DRUGS FOR ILLNESS / CONDITION		
Tier 1 (Most Generic Drugs)	\$20 copay	\$20 copay
Tier 2 (Preferred Brand Drugs)	\$40 copay	\$40 copay
Tier 3 (Non-Preferred Brand Drugs)	\$40 copay	\$40 copay
Tier 4 (Specialty Drugs)	\$500 pharmacy deductible, then 100% coinsurance up to \$500/prescription	\$250 pharmacy deductible, then 20% coinsurance up to \$250/prescription
TESTS		
Laboratory Tests	\$40 copay	\$35 copay
X-rays and Diagnostic Imaging	\$6,300 deductible, then 100% coinsurance up to \$4,800	\$70 copay
Imaging (CT/PET Scans, MRI)	\$6,300 deductible, then 100% coinsurance up to \$4,800 less first \$1,000	\$0 copay

When you compare your saved Bundles, you can see side-by-side detailed coverages.

The detailed costs in purple show that your Bundle benefits have been applied, lowering your cost.

If you are satisfied with one choice, click **Add to My Benefits** at the bottom of the screen.

STEP 8: Understanding Multiple Bundle Groups and Right-Fitting Coverage

Based on the answers to your profile questions and personal preference, it may be beneficial for your family to shop for Health Bundles in more than one Bundle group. This is how we **Right Fit Coverage** for everyone in your family.

Bundle groups may be beneficial if:

- Family members live in different geographic locations; for example, your daughter is in college in another state.
- An individual member has specific health needs.

What does this mean?

The WorkPlace Market may recommend putting your family into multiple Bundle groups based on answers to your profile questions. This will help you select the best coverage options for you and your family. You will shop for each Bundle group separately.

For example, users with more health needs will be grouped together so that you can choose more comprehensive coverage for that group, while choosing the Right Fitting Coverage for the other family members.

NOTE: If you are only shopping for yourself, Bundle groups do **NOT** apply.

If your family has been split into groups, you will see a message at the top of the screen, with an interactive **Why?** that you can hover over to get details.

To see why Multiple Bundles are recommended, revise Bundle groups or decline splitting your family into multiple groups, Click **Edit Bundle groups**.

Recommended: Multiple Bundles [why?](#)
Group 1 of 2

We have set up your family to shop in 2 groups because there may be an advantage in allowing you to select **different Bundles** for different Members.

You can [Edit Bundle groups](#)

BALANCED **SEC**

ext > < Prev 2 of 16 Next > < Prev 4 of 16

<p>\$140.00</p> <p>Per paycheck (for 3 people)</p> <p>Oscar EPO</p> <p>▼ Bundle highlights</p> <table> <tr> <td>\$50</td> <td>Primary visit</td> <td>\$35</td> </tr> <tr> <td>\$50</td> <td>Specialist visit</td> <td>\$35</td> </tr> </table>	\$50	Primary visit	\$35	\$50	Specialist visit	\$35	<p>\$26</p> <p>Per paycheck</p> <p>Ka HI</p> <p>▼ Bundle highlights</p> <table> <tr> <td></td> <td>Primary visit</td> <td></td> </tr> <tr> <td></td> <td>Specialist visit</td> <td></td> </tr> </table>		Primary visit			Specialist visit	
\$50	Primary visit	\$35											
\$50	Specialist visit	\$35											
	Primary visit												
	Specialist visit												

You can look at the Bundle results to see if the Multiple Bundle Groups option is best for you.

Bundle group recommendation: Multiple groups

We have put your family into multiple Bundle groups to let you take advantage of Right-Fitting Coverage.™

Influencing Factor	Why is this important?	You could
Members living in multiple locations.	Members living in different zip codes may not be able to utilize in-network providers.	Edit who is covered in your Profile
Members have higher medical needs.	There can be savings if some of your members are younger or in better health than others.	Review answers given to Medical Needs questions

Return to shopping >

OPTIONAL: Edit Bundle groups

show less

Drag and drop a Member row between groups to arrange individuals into shopping groups. Show me how

Bundle Group 1

Mark Blake

Spouse - Age 38

Include in coverage

Tanya Blake

Dependent - Age 8

Include in coverage

April Blake

Dependent - Age 12

Include in coverage

Bundle Group 2

Trudi Blake

Worker - Age 35

Include in coverage

Michael Blake

Dependent - Age 10

Include in coverage

Add a new group

NOTE: Each group will have to meet a separate deductible and coinsurance amount. So be sure to take this into consideration in comparing overall costs.

Once you have revised your Bundle groups, click **Return to Shopping>** to continue shopping.

You will see which group you are shopping for listed on the top of the screen **(Group 1 of 2)**.

Recommended: Multiple Bundles - Why?

Group 1 of 2

Bundle groups

shop for Mark, Tanya and April

Learn about Bundle levels

level fits best.

BALANCED

Next > < Prev 2 of 16 Next > < Prev

\$140.00

Per paycheck (for 3 people)

Oscar EPO

Bundle highlights

Primary visit \$35 Specialist visit \$35

Shopping for a Bundle similar to what you have now

We understand that you may want to keep the same plan or find a new plan that is similar to what you had in 2017.

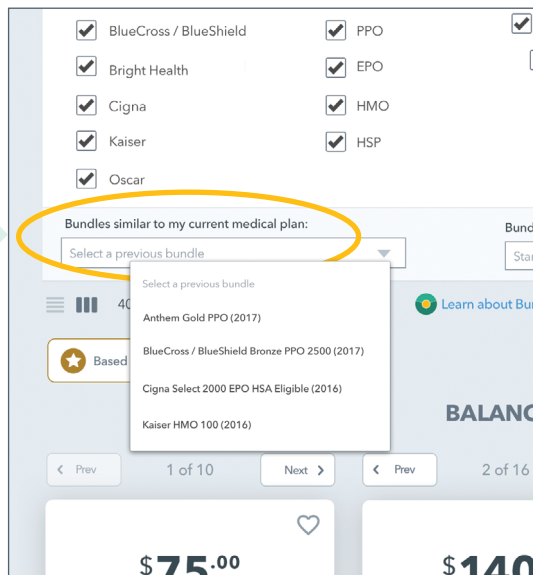
However, with all the changes to the world of insurance in the past year, we recommend that you explore all of your options.

If you were with Hixme last year:

While in the **Show Filters** screen, pull down **Bundles similar to my current medical plan** to see Bundles that are similar to your current Bundle.

If you are new to Hixme:

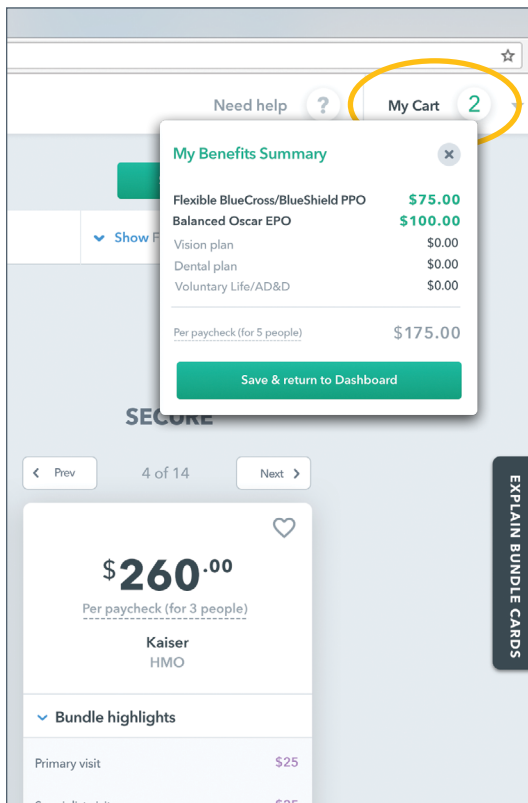
Call us and we will help you find a Bundle similar to your current coverage.



Remember, we strongly recommend that you spend time to shop around and see what other options are available. Compare suggested plans against your current plan or one similar to see the details between each plan.

Trust us. The time you spend will be worth it.

STEP 9: Selecting Your Health Bundle



To view what is in your shopping cart, click **My Cart** in the upper right of the screen.

DON'T WORRY.

You will have a chance to review and make any changes before you make your final “purchase.”

Until you do your FINAL review and approval of your selections, you can keep window shopping!

Once you have reviewed all your options and you are ready to select your plan, simply click **Add to My Benefits**.

NOW, you will move on to shop for your other benefits.


PART 4: DENTAL, VISION AND OTHER BENEFITS

STEP 10: Selecting your other benefits

Depending on the benefits your employer offers, you will be guided through the shopping and selection for each category.

Once you have made your selections for each benefit, click **Save & Continue** and you will automatically advance to the next available benefit.

NOTE: If you are returning to enroll after clicking **Save & Finish Later**, click **Start** to continue where you left off.



My Dental

Select a dental plan for you and your family.

Start

My Dental insurance

You have 12 days left (08/12/17) to enroll or decline this insurance.
Any choice or changes you make will go into effect on 9/1/17.

Show details for
Trudi, Mark, Tanya, April, Michael

Delta Dental PPO plus Premier PPO
• Deductible: \$800 (individual)
• Annual benefit maximum: \$75,000
• Prescriptive services: 100% coinsurance
• Basic services: 90%
• Major services: 60%
• Orthodontic: 50% coinsurance Adults & dependent children
• Orthodontic Lifetime Benefit Maximum: \$1,000 (includes adults)
View details


\$60.00
Per paycheck (for 3 paychecks)

Delta Dental DeltaCare USA DHMO 148
• Deductible: None
• Annual benefit maximum: None
• Prescriptive services: \$0 copay / 20 per year
• Basic services: 100%
• Major services: 80%
• Orthodontic: Not included
• Orthodontic Lifetime Benefit Maximum: Not included
View details

\$20.00
Per paycheck (for 3 paychecks)

Go back

Save & continue



My Vision

Select a vision plan, for you or members of your family who need it.

Start

My Vision insurance

You have 12 days left (08/12/17) to enroll or decline this insurance.
Any choice or changes you make will go into effect on 9/1/17.

Show details for
Trudi, Mark, Tanya, April, Michael

EyeMed Basic Vision Plan
• Copayment: \$25 copay / for every 12 months
• Limit: For complete information, click "View details" to see a summary of benefits
• Premium: \$0 copay / \$100 allowance / for every 24 months
• Coinsure: \$0 copay / \$100 allowance
View details


\$7.00
Per paycheck (for 3 paychecks)

EyeMed Signature Vision Plan
• Copayment: \$10 copay / for every 12 months
• Limit: For complete information, click "View details" to see a summary of benefits
• Premium: \$0 copay / \$100 allowance / for every 24 months
• Coinsure: \$0 copay / \$100 allowance
View details

\$15.00
Per paycheck (for 3 paychecks)

Go back

Save & continue



My Additional Benefits

Explore the valuable benefits your employer has made available to you.

Start

Voluntary Life / AD&D

You have 12 days left (08/12/17) to enroll or decline this insurance.
Any choice or changes you make will go into effect on 9/1/17.

Show details for
Trudi, Mark, Tanya, April, Michael

Voluntary Life / AD&D (Accidental Death & Dismemberment)
• Carrier: BlueCross BlueShield of Kansas City
• Guaranteed issue amount: \$50,000
View details

\$26.00
Per paycheck

Go back

Save & continue

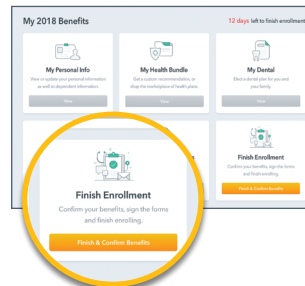
SHOP & ENROLL ONLINE 34

PART 5: FINISH ENROLLMENT

STEP 11: Finish and confirm benefits

Once you have made your selections for all your benefits, you will be advanced to the **Finish Enrollment** box.

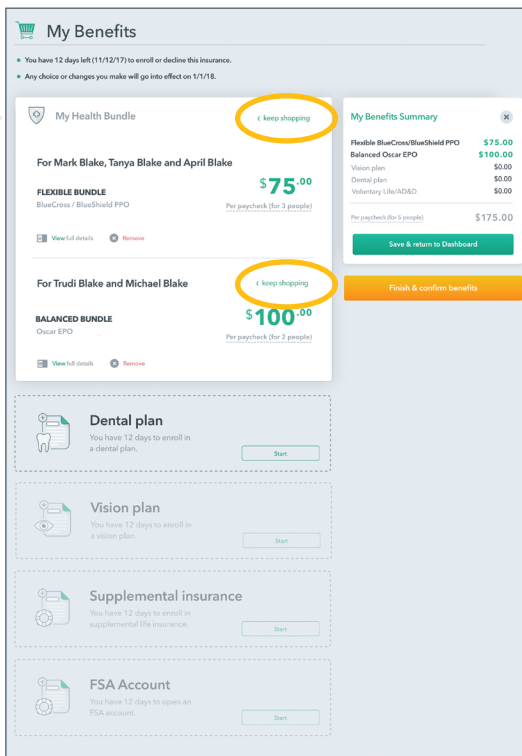
Click **Finish & Confirm Benefits**. There you can review all the benefits for you and your family.



Final Review

You will need to review ALL your selections and double check that these are correct.

Remember, until you click **Confirm my elections** on the **You're Almost Done!** page, you can still make changes by simply clicking on **<keep shopping** at the top right section on the category you wish to revise.

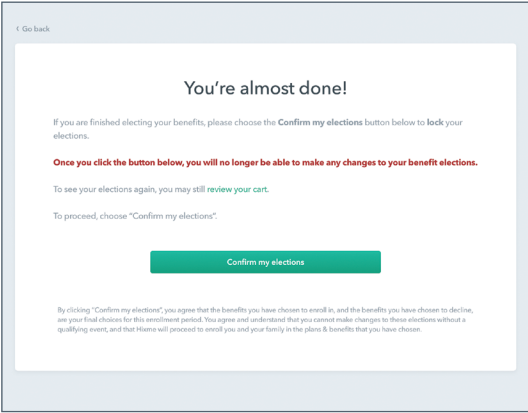


Once you are satisfied with your selections, Click **Finish & Confirm Benefits**.

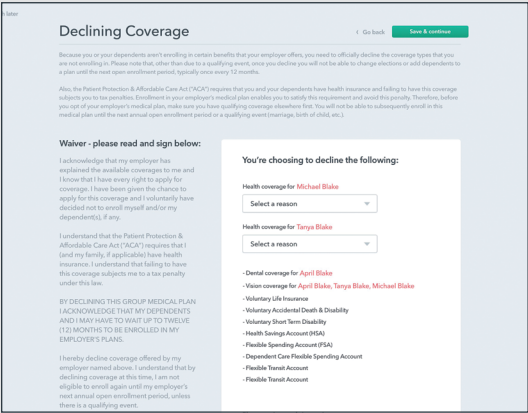
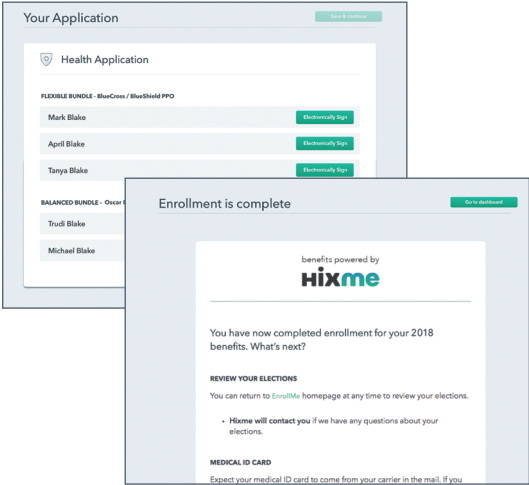
NOTE: If you have not selected or declined coverage for **ALL** your available benefits, you will **NOT** be able to complete the enrollment process.

STEP 12: Final Confirmation

Once you click **Confirm my Elections**, you will **NO LONGER BE ABLE TO MAKE ANY CHANGES** to your benefit elections.



After clicking **Confirm my Elections**, additional screens will advance for you to review and "sign." **Congratulations!**



Declining coverage
If you wish to decline any of the coverages, you will have that option in each benefit category or in the **Finish Enrollment** section.

In the **Finish Enrollment** section, you will need to select each category you are declining coverage for.



After You Enroll

Great, you've enrolled!
What's next?

How to talk to providers about your health coverage

Your Hixme Core Medical Coverage is a new, very different kind of plan. When discussing your plan with a doctor or provider, **here's what you need to explain:**

- **You have an Employer-Paid Personal Policy.**
This is not a group-contracted policy, even though your employer pays a portion of your premium as part of your employer-based plan.
- **Your coverage is NOT an ACA (Obamacare) plan**
or part of a government-sponsored public exchange.

This information is very important for those who provide your care. Please don't forget to mention it.

You'll hear directly from your carrier(s)

After you enroll with Hixme, the carrier(s) you chose to provide your coverage (Blue Cross or Kaiser, for example) will send some or all of the following directly to you:

Summary packet

This will provide a complete recap of your new coverage.

ID cards

When you receive these, please confirm that your name, plan and doctor choice (if HMO) are accurate. To make corrections, contact Hixme, or call the number on the back of your card.

Premium Invoices

You may receive a premium invoice from your medical plan carrier. Your carrier is required to send these even though your premium is being paid through your payroll deductions. **Please do not pay these invoices, and do not cancel your coverage thinking it is duplicate coverage.**

Explanation of Benefits (EOB)

As with traditional health insurance, your carrier(s) will send these to you after you have received medical treatment. You may need to send these to Hixme to be considered for reimbursement of eligible expenses and to receive other applicable financial offers you may qualify for.

Learn more about this on the next page.

If you haven't
received your ID card
and need care,
please call Hixme at **866-936-2854**.

What to do when you receive a provider bill or carrier EOB

Your Hixme Health Bundle includes additional safety net coverages to protect you and your family in case of unexpected accidents or illness. These additional coverages are processed by Hixme RATHER than your health coverage carrier.

You will need to submit documentation of these expenses to Hixme – we call this **Trigger My Bundle**.

See below for how and when these additional coverages apply, and any special instructions you need to follow:

Doctor or Specialist Visit

Your Hixme Health Bundle provides reimbursement for office visit copayments in excess of your Bundle's maximums (\$50 for Flexible Bundles, \$35 for Balanced Bundles, and \$25 for Secure Bundles). However, when you visit a doctor or specialist, you may need to pay more at point of service and then submit your bill and EOB to Hixme for reimbursement.

If you have paid more than your Bundle's cap, *follow the **Trigger My Bundle** instructions on Page 43* to submit to Hixme for reimbursement.

Doctor or Specialist Procedure

If you receive a doctor or specialist bill for **over \$500**, submit the provider bill and EOB to Hixme so we can determine if your additional coverages apply. *Follow the instructions on Page 43.*

Pharmacy

Your Bundle provides reimbursement for eligible prescription copayments in excess of your Bundle's maximums. If you need to pay more than that maximum at the point of service, you will then submit the receipt to Hixme for reimbursement. *Follow the instructions on Page 43.*

Emergency Room Visits

Your Bundle provides coverage for emergency room services as part of the hospital coverage. However, when you visit the ER you may be required to pay a larger amount at the time of service. You will need to submit your bill and EOB to Hixme for processing and possible reimbursement. *Follow the instructions on the next page.*

Hospital Admissions

If you are admitted to the Hospital, **it is CRITICAL that you DO NOT PAY ANY BILLS before contacting Hixme.**

You will send all provider bills and EOBs to Hixme. Hixme will then apply your Bundle's safety net coverages to reduce your costs. *Follow the instructions on the next page.*

Out-Patient Hospital

You have additional coverage for certain outpatient surgeries, diagnostic testing, radiation therapy or chemotherapy and certain other procedures. Send all provider bills and EOBs to Hixme. Hixme will then apply your Bundle's safety net coverages to reduce your costs. *Follow the instructions on the next page.*

Accident

If you have an accident, you may be eligible for additional benefits. Send all provider bills and EOBs to Hixme to determine if you qualify for additional benefits. *Follow the instructions on the next page.*

Remember,
Hixme is here
if you have questions or need assistance.
See Page 45.

Here's how to submit expenses and "Trigger My Bundle"

Remember, the safety net coverages of your Health Bundle are processed by Hixme RATHER than your health coverage carrier.

To submit these expenses to Hixme:

STEP 1: Gather your EOB and bill.

STEP 2: Go to: enrollme.hixme.com/login and log in.

STEP 3: Select the **Trigger My Bundle** box and click **View**.

STEP 4: Select **Add Bundle Event**. Complete the form and follow the instructions to upload your bill and EOB. Click **Save & Close** to submit.

STEP 5:

For Copay Cap reimbursement:

If the bill qualifies for a Copay Cap, you will receive a reimbursement check by mail.

For other types of submissions:

Hixme will confirm receipt and qualify your submission, then contact you with an offer.

If you do not have access to a computer

You can mail us a copy of the required documents (KEEP the originals).

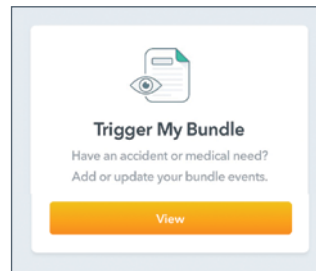
Mail to:

Hixme

Attention: Bundle

27489 Agoura Road, Suite 100

Agoura Hills, CA 91301



Working with Hixme

We'll work together to make
**your healthcare
experience better**

Need help? Hixme is here for you



Get 24/7 answers online

Visit our self-guided **Help Center** anytime at help.hixme.com.

To find a provider, enter “Find a Provider” in the search field and follow the instructions.



Phone us

Want to talk to a real, live person?

Call us at **866-936-2854** Monday–Friday, 8am–5pm.



Email us

help@hixme.com

When you need to call us

You should also talk to us directly if you need to:

- Find a doctor, healthcare professional, hospital or other providers who are in your specific coverage network or visit help.hixme.com and search “Find a Provider.”
- Ask questions about a claim.
- Convey changes in your life (called “Qualifying Events”) that may affect your health coverage, such as having a baby, marrying or getting a divorce.
- Add or remove a dependent.
- Enroll in Medicare.
- Change your street address, email address or phone number.

When you call our
Customer Service Center,

you might speak to one
of our professional partners.

But know that your personal information
will be always be kept confidential.

To submit required documents

(AKA Trigger My Bundle)

Visit us at

enrollme.hixme.com/login

(See Page 43 for instructions.)

Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid (Med-Cal in California) or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877-KIDS-NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or by calling toll-free **866-444-EBSA (3272)**.

To see if any states have added a premium assistance program since August 10, 2017 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

HOME

benefits powered by

hixme

Hixme Insurance Solutions, Inc.
License # CA 0K67172