

TRES HEALTH BENEFITS ENROLLMENT GUIDE

For the **Employees of :**
M Construction Group, LLC

TRES

UNDERSTANDING YOUR BENEFITS ENROLLMENT GUIDE

At Tres Health, we strive to support your well-being through our robust benefits package. This enrollment guide is your resource to explore the available benefit options. Please keep in mind that open enrollment is your annual opportunity to adjust your elections, except in cases when enrollment is tied to a change in status for you or your family member.

■ ABOUT TRES HEALTH

Reinventing Affordable Healthcare

We know the healthcare industry forward and backward, and every year, premiums, deductibles, and out-of-pocket maximums continue to rise. We set out to change the way healthcare is designed, managed, and administered, and developed plan offerings that are tech-forward but also people-first, modern but simple, and high-quality but affordable.

Tres offers health plans you can count on, with:

- ✓ \$0 co-pay and deductible
- ✓ Telemedicine and behavioral health services
- ✓ \$0 co-pay for preventive drugs

■ ABOUT OUR CARRIERS & PARTNERS

PHCS MULTIPLAN

Network for Minimum Essential Coverage Plans, Minimum Value Plans, and Reference Based Pricing Plans.

CIGNA PBM

Pharmacy Benefits Manager on all Plans.

Medwatch

Member Advocacy Services.

MDLive

Telemedicine Services.

MedMo

Imaging Center Advocacy.

Connect DME

Medical Device Solutions.



One ID Card for All Benefits

ID cards will be mailed to the member's home address and will also be available on the Tres app and member portal. Download the app from the Apple App Store or Google Play Store by searching for Tres Health, or access it online at member.tres.health.

Member


ABC Company
Group#: 12345
Member: John Smith
ID #: 123456789

Medical Plan

Plan: Prime
Deductible In / Out OOP In / Out
EE: \$X / \$X EE: \$XXXX / \$XXXX
FM: \$X / \$X FM: \$XXXXX / \$XXXXX

Providers are reimbursed pursuant to the terms of the Plan Document up to the Reasonable and Allowable Amount (subject to PPO Network). The Plan will only consider an Assignment of Benefits (AOB) valid under the condition the Provider accepts the payment received from the Plan as consideration in full for the services, and/or treatment rendered, less any required deductibles/copays/coinsurance.

Pharmacy Plan


RxBin: 017010
RxPCN: 0519PAYR
RxGrp: 0805012
Member & Pharmacist Helpline (800) 325-1404 or visit www.MyCigna.com Cigna Group #XXXXXXXX
Benefits are not insured by Gigna Healthcare or affiliates.
This card is for confirmation of eligibility only and is not a guarantee of benefits

TRES



Member

Members: 888-341-5606
Member Portal: <https://member.tres.health>
Telemedicine: ☎1-888-812-3712 or Visit Member Portal MDLIVE
To Find a provider, visit www.member.tres.health or call 888-341-5606

Providers

Phone Number: 888-341-5606
Provider Portal: <https://provider.tres.health>
AOB is a waiver of the Provider's right to balance bill the patient. For non-contracted providers, depositing checks received from the Plan represents accord and satisfaction. Please see the Plan Document or contact Customers Services at 888-653-3508

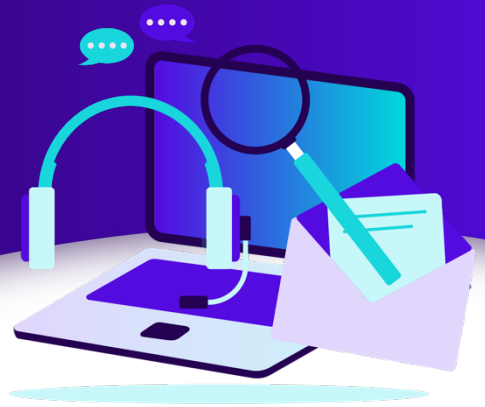


Tres Health, Inc.
PO Box 211066
Eagan, MN 55121
Payer ID: 32396

Pre-Certification

Prior-Authorization is required for all inpatient hospitalizations and all surgeries (outside of the physician's office) or for other services as specified in your plan document. Your physician might call for a pre-treatment authorization including but not limited to, high cost radiology, any drug or infusion above \$1,500 a dose and all cancer treatment. To avoid a reduction of benefits, call MedWatch at least 7 to 10 days before the hospitalization/treatment or within 48 hours of an emergency admission at 800-432-8421 or online at www.urmedwatch.com
Pre-certification does not guarantee payment.

MEMBER ADVOCACY *MEDWATCH*



Member Experience

Our partnership with MedWatch is designed to empower you with comprehensive support and personalized assistance to manage your health care. By integrating their services with our benefits program, we can provide you with a seamless and efficient health management experience.

How MedWatch Benefits You

Single Point of Contact: Centralized contact for all your health needs, from benefits information to nurse consultations and diagnosis assistance.

Comprehensive Support: Helps you find providers, schedule appointments, provides education on reference-based pricing, and answers health plan questions. They also assist with balance billing, EOB explanations, and pre-certification.

Personalized Advocacy: Uses advanced health data and research-based standards to provide tailored solutions, to help support you and achieve optimal results.

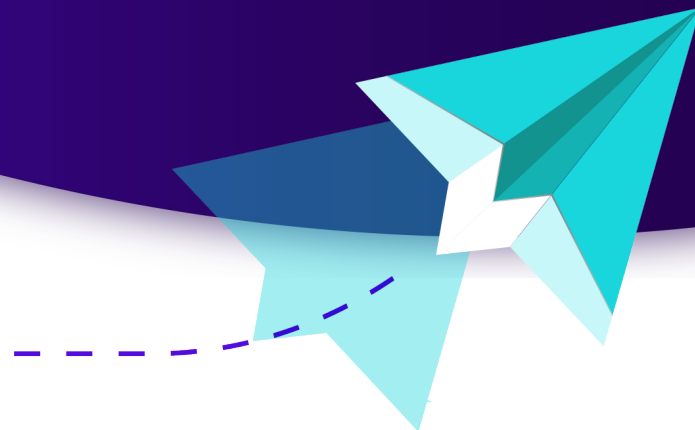
CALL your Concierge when you need help with:

- ✓ Understanding your diagnosis and proposed treatment
- ✓ Questions about your medications
- ✓ Precertification support for upcoming medical procedures *
- ✓ Identifying the best options for quality providers and convenient service locations
- ✓ Referrals to available health related programs (such as wellness, diabetic monitoring, EAP, telemedicine and more)
- ✓ Billing questions and support (claim status, balance billing, grievances, appeals, EOBs and more)
- ✓ Making or changing an appointment with a care provider
- ✓ Managing self-care needs, including education and skill training
- ✓ Education, resources and support for you, your family and your care support system

**Precertification is a benefit of your health plan that helps determine if the procedure or treatment is medically necessary and covered by the policy.*

MEMBER EXPERIENCE ROADMAP

Understanding reference-based pricing health plans and finding a provider doesn't have to be complicated. Here's how Value Driven Health Plans with RBP work with HST Connect.



Step One

Visit hstconnect.com and login to find a provider. Or go to portal.hstechnology.com/PHCS to login as a guest.

Step Two

Medical service or procedure is performed and provider submits a bill to the TPA.

Step Three

Based on HST's pricing and/or negotiations the TPA remits payment.

Step Four

TPA sends you an Explanation of Benefits (EOB).

Step Five

You pay the Member Responsibility portion of the bill to the provider.

WHAT IS REFERENCE BASED PRICING *RBP* ?

This is a cost strategy for an employer so their healthcare costs are set and claims are paid based on a benchmark or predetermined rate for a specific medical procedure or service. Traditional fully-insured plans are negotiated between the insurance carrier and the healthcare provider.

Types of services covered may vary. With Tres Health, please call Medwatch to verify your benefits and any hospital-based service at 888.653.3508.

HOW IT ALL FITS TOGETHER

UNDERSTANDING WHO TO CONTACT FOR WHAT

TRES HEALTH Tres has worked to ensure we have the best partners in place to support your health benefit needs. Information on our partners, and how to access support, are all available on your ID card or the member app.

PROVIDER NETWORK You can find your provider network on the front, top right of your ID card. This is found under the 'Medical Plan' section of your ID card. Here you will find the website and phone number that you can use for your network inquiries.

PRESCRIPTION BENEFIT Please view the Pharmacy Plan on the front of your ID card. This is found at the bottom right of the card. You are welcome to search the listed website or call the number provided for any prescription or pharmacy related question.

CUSTOMER SERVICE The Customer Service phone number is located on the back of your ID card under the 'Member' section. You may also find helpful plan information in your personal portal through our Third-Party Administrator (TPA).

TELEMEDICINE We don't always have time to drive to a doctor for a non-urgent care. That is why we are bringing medical care for some of the more common conditions to you. Information related to this service from MDLive is found on the back under the 'Member' section of your ID card. Please utilize your Telemedicine benefit to access Board Certified Physicians around the clock (24/7/365) via telephone or secure video. Doctors are there to answer questions, give advice, and even diagnose and treat illnesses without long wait times. To activate your account, visit www.mdlive.com/treshealth and click on the button to activate account. You can also download the app from the App Store or Google Play Store.

PRECERTIFICATION Review your Plan documents, housed in your Medxoom portal, to become familiar with the medical services that require precertification. Your provider needs to pre-certify all inpatient hospitalization and surgeries 7 to 10 days prior to admittance or procedure. If you are admitted to the hospital through the ER, you or your physician must notify us within 48 hours. Refer to your plan documents for more detail. You can find the website and phone number for inquiries under the Pre-Certification section on the back of your ID card. You will also find a phone number for providers to call to pre-certify on the back section of your ID card. Follow the rules of your plan, to maximize your benefits and pay the least amount out of pocket.

TRESTECH MEMBER PORTAL Provides members quick access to their health insurance information via the web or their mobile phone.



ID CARDS Get digital access to your ID Card thru the mobile app or portal.



TELEMEDICINE Access telemedicine services (**MDLive**) through both the portal and app with the single sign on feature.



CLAIM STATUS Review all active, pending, paid, and previous claims history



PRESCRIPTIONS Search prescription costs and pharmacy locations.



BENEFITS DETAILS Review benefit details such as:

- ✓ Deductibles and Accumulations
- ✓ Co-insurance
- ✓ Co-pays
- ✓ Plan Documents & Summaries



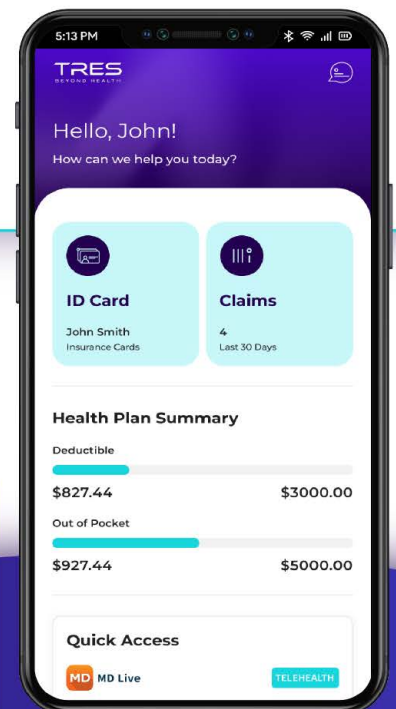
FIND A PROVIDER Search for providers in your network.

NEED SUPPORT?

For technical assistance please contact us at portals@tres.health.

ACCESS THE PORTAL

- 1** **DOWNLOAD** the app from the **Apple App Store** or **Google Play Store** by searching for "Tres Health," or access it online at member.tres.health.
- 2** **REGISTER** in the app using your **Social Security Number** and **Date of Birth**; your information remains private and secure.
- 3** **ENTER YOUR INFORMATION** Enter your **Email Address** and **First and Last Name**, then **Create a Password**.
- 4** **REVIEW dependents** and **invite adult dependents** to register, too.



CHOICE \$2,500 DEDUCTIBLE



TRES

KEY FEATURES

(BEST SELLER)

- ✔ co-pay driven
- ✔ Simplified underwriting
- ✔ Qualifies as MV Plan to satisfy requirement for ACA Penalty B
- ✔ Covers >60% of allowed cost
- ✔ \$0 co-pay on preventive generic drugs or services
- ✔ Substantial in- & out-patient hospitalization coverage

What's covered*

- ✔ Preventive Care
- ✔ Physician Services
- ✔ Telemedicine Services
- ✔ Diagnostic Services and Supplies
- ✔ Emergency Services
- ✔ Inpatient Services
- ✔ Outpatient Services
- ✔ Therapy Services
- ✔ Home Healthcare
- ✔ Preventive Drugs
- ✔ Tier 1 Drugs
- ✔ Diabetic Supplies
- ✔ Durable Medical Equipment (DME)
- ✔ Sleep Studies (Home)
- ✔ Tier 2 Drugs
- ✔ Tier 3 Drugs

What's not covered*

- ⊗ Cardiac Rehabilitation
- ⊗ Chemotherapy
- ⊗ Radiation
- ⊗ Kidney Dialysis
- ⊗ Specialty Drugs

Weekly Premiums Paid by Employee*

EMPLOYEE ONLY	\$ 39.13
EMPLOYEE & SPOUSE ONLY	\$ 133.16
EMPLOYEE & CHILDREN ONLY	\$ 103.36
FAMILY	\$ 206.65

PLAN AT A GLANCE*

COPAY*

Routine Well Care (Non-Hospital Services) Telemedicine Services w/ MDLive Diagnostic Testing- MEDMO (Radiology & Advanced Imaging) – Non-Hospital Based Preventive Drugs	\$0
Tier 1 Drugs	\$10
Primary Care Visit (In-Person & Virtual) This is the encounter fee only. (10 per year)	\$25
Diabetic Supplies <i>Glucose monitors must be obtained (Per Item)</i>	\$35
Specialist Visit (In-Person & Virtual) This is the encounter fee only. (10 per year) Other Services Performed in Physician Office <i>In addition to office visit copay.(per visit)</i> Diagnostic Testing- OUTSIDE MEDMO (Radiology) – Non-Hospital Based (4 per year) Home Health Care (15 per year)	\$50
Urgent Care (3 per year) Applied Behavioral Analysis (10 per year) Chiropractic Care (10 per year) Occupational, Physical & Speech Therapy (10 combined per year)	\$75
Sleep Studies (Home) (per study)	\$300
Diagnostic Testing- OUTSIDE MEDMO (Advanced Imaging) – Non-Hospital Based (2 per year) Outpatient Services or Surgery – Non-Hospital Based <i>Includes anesthesia when Medically Necessary. (2 per year)</i>	\$350
Durable Medical Equipment (DME) <i>CPAP only and must be obtained through ConnectDME. (Per Item)</i>	\$400
Ambulance Services <i>Ground ambulance only. (1 per year)</i>	\$500
Emergency Services (1 per year)	\$750
Diagnostic Testing (Lab) – Hospital Based (2 per year) Inpatient Services (7 days per year) Inpatient Professional Services (per admission) Inpatient Surgery <i>Includes anesthesia when Medically Necessary. (2 per year)</i> Outpatient Services or Surgery – Hospital-Based <i>Includes anesthesia when Medically Necessary (1 per year)</i>	After Deductible, 30% Coinsurance*
Tier 2 Drugs	\$75
Tier 3 Drugs	\$150
Deductible (Individual/Family)	\$2,500/\$5,000
Maximum Out of Pocket (Individual/Family)	\$9,100/\$18,200

DISCLAIMER: BENEFITS LISTED IN THIS ENROLLMENT GUIDE ARE INTENDED TO BE A BRIEF SUMMARY AND ARE SUBJECT TO CHANGE, REFER TO THE SUMMARY OF BENEFITS FOR FULL DETAILS OF THE BENEFITS INCLUDING DESCRIPTION OF COVERAGE AND A LIST OF EXCLUSIONS.