

# HealthBridge<sup>SM</sup> Benefits-at-a-Glance

Your employer sponsors a group health plan (“Companion Group Health Plan”). The Companion Group Health Plan provides benefits through a variety of component parts. The HealthBridge Program (“HealthBridge”) is one component of your Companion Group Health Plan.

HealthBridge pays HealthBridge Network Providers for out-of-pocket medical expenses (copayments, coinsurance and/or deductibles) incurred under and covered by a Member’s Companion Group Health Plan on the Member’s behalf. Each month, HealthBridge sends Members a statement consolidating the applicable expenses for each claim.

Members have up to 24 months to pay each new claim for the applicable out-of-pocket expense at 0% interest. Minimum payments apply.

Upon receipt of each monthly statement, a member has the option to: (1) pay the balance in full by the statement due date and receive a 10% Quick Pay Discount on the remaining balance or (2) pay at least the minimum payment required.

HealthBridge is a financial security program which is an employee benefit offering – a Healthcare Expense Consolidation & Flexible Payment Plan. This is not a contract for insurance.

<b>Program Administrator Information</b>	HealthBridge Financial, Inc. PO Box 888284 Grand Rapids, MI 49588 (800) 931-8890 <a href="http://myhealthbridge.com">myhealthbridge.com</a>
<b>Eligibility</b>	Any Employee or Dependent who is covered by an Employer’s Companion Group Health Plan is eligible as a HealthBridge Member under the HealthBridge Program.
<b>HealthBridge Member</b>	Any Employee, Former Employee or Dependent who is enrolled in and covered by the Employer’s Companion Group Health Plan.
<b>Effective Date of Coverage</b>	The HealthBridge Program coverage begins on whichever day is later: (1) the date the Employer adopts HealthBridge or (2) the date the Employee, or their Dependent, becomes eligible under the Employer’s Companion Group Health Plan.
<b>Waiting Period</b>	There is no waiting period.
<b>Coverage Termination</b>	The HealthBridge Program coverage will terminate on whichever day is earlier: (1) the date the Member ceases to be covered under Employer’s Companion Group Health Plan or (2) the date the HealthBridge Program is terminated.
<b>Interest Rate</b>	0%. HealthBridge will not charge Members interest.

<b>Current Balance</b>	The total balance of a Member's account at any given time (including any Late Fees assessed). Members can check the Current Balance by logging in to the <a href="#">HealthBridge Member Portal</a> .
<b>Monthly Statement</b>	Member statements are generated monthly on the twelfth day after the first Claim is purchased on a member's behalf. The due date will be set as the day before the next statement generation date.
<b>Statement Balance</b>	The Current Balance on a Member's account on the date the Monthly Statement is generated.
<b>QuickPay Discount</b>	10%. QuickPay Discount is available if the Member pays the HealthBridge Statement Balance by its due date.
<b>Claims</b>	<p>Claims listed on a Member's account activity represent the Member's patient liability on claims generated by a HealthBridge Network Provider and adjudicated by a Member's health plan. HealthBridge has already paid the HealthBridge Network Provider on the Member's behalf to satisfy the Member's patient liability on his or her Adjudicated Claims.</p> <p>Patient liability is limited to in-network copayments, coinsurance, and/or deductibles, as outlined in the Employer's Companion Group Health Plan, that are attributable to a HealthBridge Network Provider. HealthBridge Statements do not include prescription drug out-of-pocket costs, claims from providers who are not HealthBridge Network Providers, or other out-of-pocket expenses that do not qualify as in-network copayments, coinsurance, or deductibles for Adjudicated Claims.</p>
<b>Adjudicated Claims</b>	Adjudicated Claims are those claims processed by your health plan after receipt from a HealthBridge Network Provider. HealthBridge does not process your claims and receives only the amount owed by you (your patient liability) based on your health plan's adjudication.
<b>HealthBridge Network Provider</b>	Healthcare providers accepting payments directly from HealthBridge for Member out-of-pocket expenses in lieu of collecting payments from Members or billing Members directly.
<b>Minimum Payment Due</b>	<p>The Minimum Payment Due is either:</p> <ul style="list-style-type: none"> <li>• A calculated amount plus applicable late fees OR</li> <li>• \$25, if the calculated amount is less than \$25, plus applicable late fees OR</li> <li>• An amount less than \$25 if it is a payment which brings the account balance to zero</li> </ul> <p>The calculated amount of the Minimum Payment Due on a Monthly Statement is equal to the sum of 1/24 of the value of each claim and applicable claim adjustments received during that billing cycle, less any payments received during that billing cycle.</p>
<b>Late Fee</b>	<ul style="list-style-type: none"> <li>• You must make the minimum monthly payment noted on your monthly statement on or before the statement due date.</li> <li>• If HealthBridge does not receive your monthly payment by the statement due date, or your payment is less than the minimum payment due, HealthBridge reserves the right to assess a Late Fee to your account after two consecutive missed monthly payments.</li> <li>• The amount of the Late Fee is up to 3% (not to exceed \$25 in any given month) of the last Statement Balance.</li> <li>• Any assessed Late Fees will be added to the amount of the Minimum Payment Due and reflected as such on your statement.</li> </ul>

## Questions?

Call Member Services at 800.931.8890 or visit [myhealthbridge.com](http://myhealthbridge.com)

Se habla español