



# 2024 Difference Card Benefits Conover Tuttle Pace (CTP) Plan Start February 1, 2024



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Account Executive



# Your Summary of Benefits

- The Summary is divided in 4 Parts:
  - Type of Visit
  - You Pay (your out-of-pocket responsibility)
  - DC Pays (employer funded)
  - Your Carrier Benefit (amount you would pay without DC Benefits)
- Check your Summary of Benefits to see what you can swipe for and benefits you will need to submit for manually
  - Icons indicate swipe or claim
  - Refer to cut out for amounts you can swipe for
- You can locate the summary on the member portal by clicking the three lines, Resources, forms and Documents.

**SUMMARY OF BENEFITS**  
 SAMPLE CLIENT      YOUR PLAN      1/1/2023      to      12/31/2023

Swipe card for benefit listed under the "Difference Card Pays" column.      Submit a claim for reimbursement with EOB for paymer


TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	BENEFIT
<b>PHYSICIAN SERVICES</b>			
Primary Care Office Visit Copay	\$10	\$30	\$40
Specialist Office Visit Copay	\$40	\$30	\$70
Preventive Care / Screening / Immunization		No Charge	
Urgent Care	\$40	\$35	\$75
<b>PHARMACY</b>			
Prescription Deductible Application		Waived for Tier 1	
Prescription Individual Deductible	\$100	\$100	\$200
Prescription Family Deductible	\$200	\$200	\$400
Retail Prescriptions	\$0 / \$25 / \$65	\$15.00	\$10 / \$40 / \$80
Mail Order Prescriptions	\$0 / \$62.50 / \$162.50	\$37.50	\$25 / \$100 / \$200
<b>DIAGNOSTIC PROCEDURES</b>			
Diagnostic Test- Lab Bloodwork	\$25	\$0	\$25
Diagnostic Test X-Ray	\$100	Remaining Amount	Deductible & Coinsurance
Complex Imaging (CT/Pet Scans, MRIs)	\$100	Remaining Amount	Deductible & Coinsurance
<b>HOSPITAL SERVICES</b>			
Emergency Room Care	\$0	Remaining Amount	Deductible & Coinsurance
Outpatient Surgery	\$250	Remaining Amount	Deductible & Coinsurance
Inpatient Hospital	\$500	Remaining Amount	Deductible & Coinsurance
<b>IN-NETWORK DEDUCTIBLE &amp; COINSURANCE</b>			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Plan Year		
Family Deductible Accumulation Type	Individual Accumulation		
In-Network Individual Deductible	\$0	\$3,000	\$3,000
In-Network Family Deductible	\$0	\$6,000	\$6,000
In-Network Individual Coinsurance Limit	\$0	\$5,550	\$5,550
In-Network Family Coinsurance Limit	\$0	\$11,100	\$11,100
<b>OUT OF NETWORK DEDUCTIBLE &amp; COINSURANCE</b>			
Out-of-Network Individual Deductible	\$2,000	Remaining Amount	\$4,000
Out-of-Network Family Deductible	\$4,000	Remaining Amount	\$8,000
Out-of-Network Individual Coinsurance Limit	\$3,000	Remaining Amount	\$6,000
Out-of-Network Family Coinsurance Limit	\$6,000	Remaining Amount	\$12,000

In-Network Family Multiplier 2      Out-of-Network Family Multiplier 2      Mail Order Multiplier 2.5

1 claims must be submitted within 3 months of the end of the deductible accumulation period. Terminated members must submit claims within 3 months of the termination date.  
 1 Out-of-Network Services are subject to the Deductible. Information on this document based on carrier SBC.

Please have your provider swipe the Difference Card for the following amounts:  
 Primary Care Swipe - \$30  
 Specialist Swipe - \$30  
 Urgent Care Swipe - \$35  
 RX Copay - Swipe up to \$15 per RX

Download the Mobile App to View and Submit Claims



# The Difference Card MasterCard

Used at the pharmacy for certain prescription expenses.





Each member enrolled in the medical plan is automatically enrolled in The Difference Card and will receive a card:

- The card is mailed to member and spouses' home
- Dependents are linked to their parents' cards
- Dependents over 18 can request their own card by calling our Customer Care Team
- Cards are valid for 3-4 years from date of issue





# What amounts to swipe your Difference Card for:



SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
HMO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
Prescription Individual / Family Deductible <b>*Integrated with Medical Deductible*</b>	\$0	 Int. with Med Ded	Int. with Med Deductible
Retail Prescriptions	20%	 80%	\$5/ \$30 / 50% to \$125 / 50% to \$250 / 50% to \$500
Mail Order Prescriptions	20%	80%	\$10 / \$60 / 50% to \$250 / 50% to \$750 / 50% to \$1,500
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>



You can manually submit for Mail Order Prescription reimbursements



# What amounts to swipe your Difference Card for:

SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
PPO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
Prescription Individual / Family Deductible <b>*Integrated with Medical Deductible*</b>	\$0	 Int. with Med Ded	Int. with Med Deductible
Retail Prescriptions	20%	 80%	\$5/ \$30 / 50% to \$125 / 50% to \$250 / 50% to \$500
Mail Order Prescriptions	20%	80%	\$10 / \$60 / 50% to \$250 / 50% to \$750 / 50% to \$1,500
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>



You can manually submit for Mail Order Prescription reimbursements



# Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
HMO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
<b>In Network Individual / Family Deductible</b>	<b>\$0</b>	<b>\$4,000 / \$8,000</b>	<b>\$4,000 / \$8,000</b>
Primary Care Office Visit Copay	\$30	Deductible, then \$45	Deductible, then \$75
Specialist Office Visit Copay	\$30	Deductible, then \$120	Deductible, then \$150
Urgent Care	\$30	Deductible, then \$120	Deductible, then \$150
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>



SCAN THIS WITH YOUR CAMERA

# Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
HMO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
<b>In-Network Individual / Family Deductible</b>	<b>\$0</b>	<b>\$4,000 / \$8,000</b>	<b>\$4,000 / \$8,000</b>
In-Network Individual Coinsurance Limit	\$0	20% (DME Only)	20% (DME Only)
Diagnostic Test- Lab Bloodwork	\$0	Deductible, then \$75	Deductible, then \$75
Diagnostic Test X-Ray	\$0	Deductible, then \$350	Deductible, then \$350
Complex Imaging (CT/Pet Scans, MRIs)	\$50	Deductible, then \$950	Deductible, then \$1,000
Emergency Room Care	\$100	Deductible, then \$1,400	Deductible, then \$1,500
Outpatient Surgery Facility Fee	\$1,000	Deductible	Deductible, then \$1,000
Inpatient Hospital Facility Fee	\$1,000	Deductible, then \$500	Deductible, then \$1,500
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>





# Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
PPO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
<b>In Network Individual / Family Deductible</b>	<b>\$0</b>	<b>\$5,000 / \$10,000</b>	<b>\$5,000 / \$10,000</b>
Primary Care Office Visit Copay	\$30	Deductible, then \$45	Deductible, then \$75
Specialist Office Visit Copay	\$30	Deductible, then \$120	Deductible, then \$150
Urgent Care	\$30	Deductible, then \$120	Deductible, then \$150
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>





SCAN THIS WITH YOUR CAMERA

# Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
PPO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
In-Network Individual / Family Deductible	\$0	\$5,000 / \$10,000	\$5,000 /\$10,000
In-Network Individual Coinsurance Limit	\$0	20% (DME Only)	20% (DME Only)
Diagnostic Test- Lab Bloodwork	\$0	Deductible, then \$75	Deductible, then \$75
Diagnostic Test X-Ray	\$0	Deductible, then \$150	Deductible, then \$150
Complex Imaging (CT/Pet Scans, MRIs)	\$50	Deductible, then \$950	Deductible, then \$1,000
Emergency Room Care	\$100	Deductible, then \$1,400	Deductible, then \$1,500
Outpatient Surgery Facility Fee	\$1,000	Deductible	Deductible, then \$1,000
Inpatient Hospital Facility Fee	\$1,000	Deductible, then \$500	Deductible, then \$1,500
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>





# Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
CTP	HPHC	2/1/2024	to 1/31/2025
PPO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
Out of Network Individual / Family Deductible	First \$2,000 / \$4,000	Remaining \$6,000 / \$12,000	\$8,000 / \$16,000
Out of Network Individual / Family Coinsurance Limit	First \$2,000 / \$4,000	Remaining \$6,100 / \$12,200	20% to \$8,100 / \$16,200
	<b>Amount you will end up paying out of pocket.</b>	<b>Funding to help pay that expected amount.</b>	<b>Expected to Pay</b>



# How to submit your claim

4 easy ways to get your money from The Difference Card



## **MOBILE APP**

Submit a claim with the click of a picture.



## **ONLINE PORTAL**

Visit [DifferenceCard.com](https://DifferenceCard.com) to login to your account and submit a claim.



## **MAIL**

Mail your claim to:  
PO Box 322  
Mount Kisco, NY 10549  
\*Make sure to include a claim form.

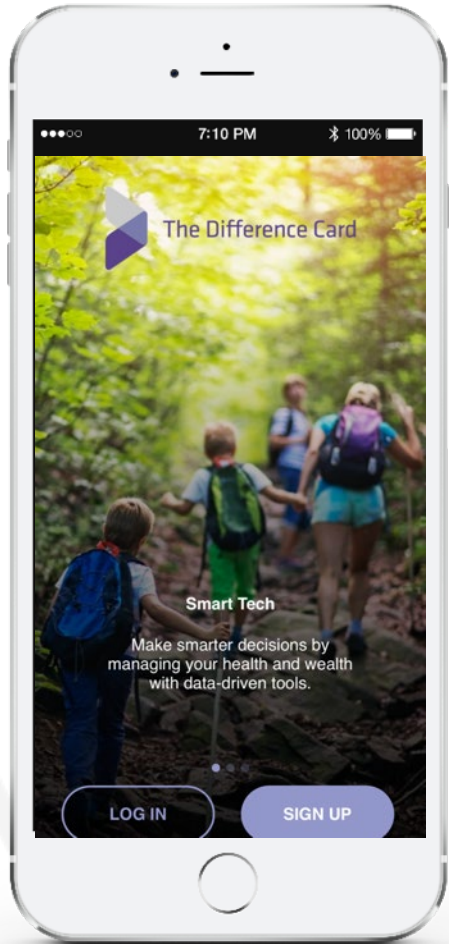


## **FAX**

Fax your claim to  
602.333.4252.  
\*Make sure to include a claim form.

# Create Your Account

Register your account with The Difference Card



## Mobile App

Use The Difference Card Smart Mobile App to register your account and get started.



## Online

Or, create your account online at [DifferenceCard.com](https://DifferenceCard.com)

# Direct Deposit

**The fastest way to get your money.**

Sign up in the Mobile App or Online to get your reimbursements direct deposited. You will need to validate your bank account to begin receiving deposits from The Difference Card.

Check  Direct Deposit

Bank Name \* Bank of America

Account \* \*\*\*\*\*9345

Re-enter Account \*

Account Routing \* \*\*\*\*0020

Re-enter Routing \*

Bank Account Type Checking

Account Status Active

By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my accounts. I understand that I can change this directive at any time.

**\*Be sure to validate your direct deposit **BEFORE** submitting a claim.**



## Validate your account:

- After you enter your direct deposit information, the system will attempt 3 micro-transactions to verify your bank account
- You will receive an email roughly 24-hours after entering your information that these transactions have posted.
- There should be 2 deposits and 1 withdrawal not totaling more than .99 from M&I bank.
- You have 48 hours to enter these amounts into the benefit portal for validation.



# OneMob DC Resource Page

Be sure to check out your customized Difference Card Member Resource Page (link below) for videos and information regarding how your Difference Card plan works!

## [CTP Difference Card Member Resource Page](https://differencecard.onemob.com/p/conoverdcbenefits)

<https://differencecard.onemob.com/p/conoverdcbenefits>



# Contact us!



Reasons you may want to give us a call or chat with a live rep via your online member portal:

- You lose your card and need a new one
  - ✓ Need a card for your dependent 18 years or older
  - ✓ Trouble swiping your card at point of service
- Trouble creating your account online or on your mobile app
- Not sure how to sign up for Direct Deposit
- Claims questions/issues
- If you want to review your employer funded benefits

## Customer Care Hours:


### Monday - Friday

8:00 AM-11:00 PM ET

\*\*Extended hours to 11pm ET as of 5/1/2023\*

## How to reach us:

 888.343.2110

 Log into your account to chat with a representative by signing into your member portal at [www.differencecard.com](http://www.differencecard.com)



**Thank you for joining us today!**

Any questions?