



WESTERN GROCERS EMPLOYEE BENEFITS TRUST

GETTING THE MOST FROM YOUR BENEFITS

And potentially save money in the process

Understand coordination of benefit rules	IF you have other coverage available from a spouse's employer, check with the other plan before you enroll to make sure you understand how the two plans will coordinate your benefit coverage.
Find an in-network urgent care clinic	Think ahead and make note of the nearest Urgent Care Clinic that is in your network. For non-life-threatening care, these facilities can be your most cost-effective option if your primary Doctor's office is closed.
In an emergency	In a medical emergency, where a person's life or body is in serious jeopardy, call 911 or go to the nearest emergency medical facility. All emergency care is treated as 'in-network' and have a specific co-pay.
Get preventive care at no cost to you	Preventative services are one of the most important things you can do to maintain your health. Your plan pays 100% of the covered amount. So, get that annual checkup and recommended screenings.
Some services require prior authorization	Your plan requires a medical review for certain procedures (inpatient and outpatient surgery for example) to help you make informed decisions about your medical care and use your benefits cost effectively. Your provider will guide this process.
Make sure your eligible out-of-area dependents are covered.	If you have eligible dependents (i.e. a college student), be sure to take the extra step to learn about what in-network providers are available in that area.
Request treatment estimates	If you have any extended medical treatment prescribed, it can help to ask your provider to give you an estimate of the cost and your responsibility for those so you can avoid surprises.
Use mail order for ongoing meds	Compare the pharmacy benefit cost options in your plan. Sometimes you can save money by choosing mail order for ongoing prescriptions. And talk to your pharmacist for cost saving suggestions.
Choose generic drugs	Did you know that, by law, generic drugs are just as safe and effective as their brand name counterparts? And that the average cost of generic drugs are 80% less than brand name versions? It pays to choose generic!
Check out Rx Discount Services	Sometimes you can get lower cost for your prescription by using discount apps like GoodRx or SingleCare .
Employee Assistance Plan (EAP)	Don't forget that this service is provided free of charge. Get personalized confidential help with mental health, legal, financial, eldercare, etc....
Term Life Insurance	Use the quote estimator on the Trust website for a no-obligation quote and see how little it can cost to protect your family. Completely confidential. No contact info needed to receive your quote.

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TERMS TO KNOW

COPAY	The fixed dollar amount that you pay each time you receive covered services.
COINSURANCE	The percentage you pay for covered services after any applicable deductible.
COVERED AMOUNT	The maximum amount your plan allows for a covered service. Note: The percentage the plan pays is based on the covered amount, not the billed amount.
COVERED SERVICES	Medically necessary health care services or course of treatment. See your SBC or SPD for an explanation. (defined below)
DEDUCTIBLE	The annual amount you pay for covered services before the plan pays benefits. See your benefit card or SBC to confirm these amounts.
EXPLANATION OF BENEFITS (EOB)	A statement mailed to you each time you have a medical claim. It shows how your claim was paid and what amount you may be responsible for. Compare these to your provider's bill.
NETWORK	This refers to the providers that PacificSource has contracted with to give our members their best pricing. Use their easy search tool to find a provider for you.
OUT-OF-POCKET MAXIMUM	Refer to your Benefits Summary. When the amount you have paid in deductibles, copays, and coinsurance reaches a total amount listed in your summary, the plan pays 100% of covered services for the rest of the year.
SUMMARY OF BENEFITS & COVERAGE (SBC)	A quick reference guide to help you understand your benefits. This is an ACA mandated format intended to help you easily find information.
UCR (USUAL, CUSTOMARY AND REASONABLE) RATE	The maximum amount your plan allows for a covered service based on the prevailing rate in our geographic area. This calculation is often used for out-of-network provider bills.