

Switchpoint Family

Welcome

Thanks for Joining Us



Dixie Leavitt Agency

ACCOUNT MANAGER

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ADVISOR

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WHAT YOU NEED TO KNOW

**HOW TO ENROLL
CONTRIBUTIONS
& COSTS**

**HEALTH
INSURANCE
H.S.A.**

**PROGRAMS TO
SAVE \$**



**TELE-
MEDICINE**

**MOTIVHEALTH
ACCOUNTS**

**OTHER
BENEFITS**

**SWITCHPOINT
I.R.A.**



employee
NAVIGATOR

Website - www.employeenavigator.com

**Every FT Employee MUST Create
an Employee Navigator Account**

Company Identifier
FriofSwi2022

**ELECT or DECLINE
the OFFERED BENEFITS
during OPEN ENROLLMENT
or NEW HIRE Window.**

YOU CAN...

- **ENROLL or DECLINE coverage**
- **Update Benefits throughout the year**
- **Access Benefit Information**
- **Access Carrier Contact Information**

SWITCHPOINT ENROLLMENT BOOKLET

- **Step by step instructions for Employee Navigator**
 - **How to LOG-IN and/or Create your ACCOUNT**
 - **Start ENROLLMENTS**
 - **ELECT or DECLINE each offered benefit**
 - **Review, Confirm and Sign Elections**

REACH OUT FOR HELP IF NEEDED



**YOU'RE
A LUCKY
DUCK!!**



**WE'RE
PUTTING \$50
PAYCHECK**

\$1300/YR

**Switchpoint is paying
100% of each Employee's
Medical Insurance
premium + 50% of
Spouses and Dependents**



SWITCHPOINT CONTRIBUTION

Benefit	Plan	Coverage	Total Monthly Premium	Employer Monthly Contribution	YOUR Per Paycheck Contribution
Medical MotivHealth	H.S.A	Single	\$524.68	\$524.68	\$0.00
	\$2,000	Employee + Spouse	\$1154.40	\$839.54	\$145.32
	Wise	Employee + Child(ren)	\$1049.35	\$787.01	\$121.08
	Network	Family	\$1416.69	\$970.68	\$205.85



VERY GENEROUS



YOUR CONTRIBUTION

Benefit	Plan	Coverage	Total Monthly Premium	Employer Monthly Contribution	YOUR Per Paycheck Contribution
Medical MotivHealth	H.S.A	Single	\$524.68	\$524.68	\$0.00
	\$2,000	Employee + Spouse	\$1154.40	\$839.54	\$145.32
	Wise	Employee + Child(ren)	\$1049.35	\$787.01	\$121.08
	Network	Family	\$1416.69	\$970.68	\$205.85



MUCH LESS!



OPT-OUT CONTRIBUTION

Reach out to HR if you think you are Eligible

Full-Time employees that Decline health insurance because they are covered under a spouse or parents QUALIFYING plan, may be eligible to receive a **\$125/paycheck** Opt-Out Contribution.

This contribution will begin no sooner than the month the employee is eligible for insurance, Opt-Out Contribution form + Proof of Insurance is submitted to HR/Payroll.



switchpoint™

Health Insurance Opt-Out Contribution

To help off-set the cost of an individual or family health plan, Switchpoint Full-Time employees that opt out of the Switchpoint Health Insurance plan MAY be eligible for an Opt-Out Contribution. Qualifying full-time employees would receive a contribution of \$125 per paycheck.

To receive this Contribution, a full-time employee that opts out of Switchpoint Health Insurance MUST meet the following criteria and sign the disclosure below.

1. **Proof of Health Coverage:** Proof of health coverage must be received by Human Resources within the employee's enrollment period or during open enrollment.
 - a. If Proof of Coverage is not received by the employee's insurance eligibility date, then the employee will forfeit this contribution until the next Open Enrollment period when they may re-apply.
2. **Source of Health Coverage:** The employee's health coverage MUST be through one of the following sources and CANNOT be a government subsidized plan (e.g., Medicaid, Medicare, Marketplace, etc.):
 - a. A spouse's plan
 - b. A parent's plan

I _____ acknowledge I have been offered the opportunity to enroll myself and eligible family members in Switchpoint's Group Health Plan.

I decline enrolling myself or eligible family members listed below to the health plan coverage because:S

I have other *medical coverage through a spouse or parent provided by:

- Insurance Company Name: _____
- Policy/Group Number: _____ / _____
- Through (Employer Name): _____

*PLEASE ATTACH PROOF OF INSURANCE TO THIS WAIVER

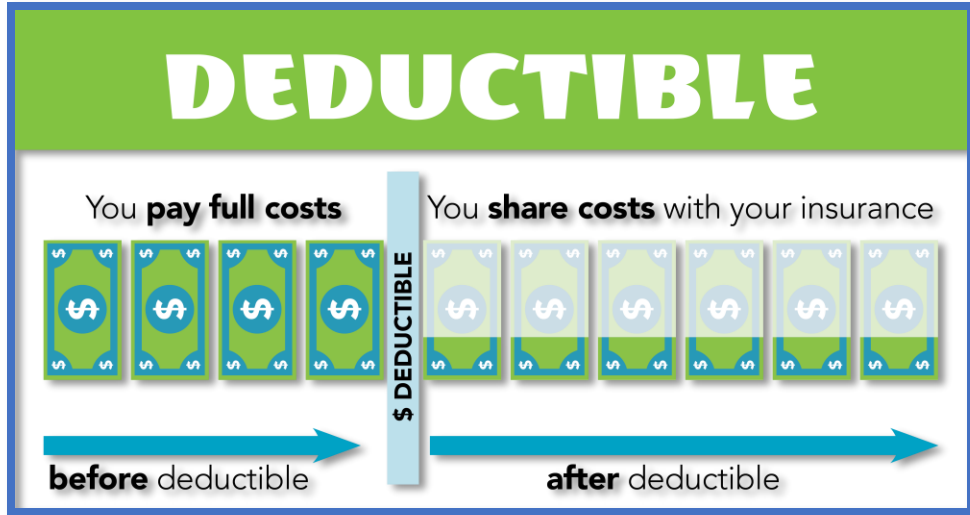
To the best of my knowledge, my health coverage is not a subsidized plan. I will not hold Switchpoint responsible or liable for any penalties, taxes, or fees incurred for receiving this Opt-Out Contribution.

Employee Name _____ Date _____

Employee Signature _____

motivhealth®

m HSA 2000



Services	H.S.A \$2,000	
	In Network	Out of Network
Deductible (Individual/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Physician Visit Copay (Primary/Specialist)	20% AD	40% AD
Hospitalization	20% AD	40% AD
Preventive Care	Covered 100%	40% AD
Emergency Room Copay	20% AD	20% AD
Out-of-pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$10,000/\$20,000
Prescription Drugs - Generic - Preferred - Non-preferred	20%AD	40%AD
Telemedicine	Covered 100%	N/A

100%





DEDUCTIBLES & CO-INSURANCE



PRESCRIPTIONS

motivhealth™

HSA
HEALTH SAVINGS ACCOUNT
 DEBIT CARD for MEDICAL EXPENSES

2024 HSA
Contribution limits
 Individual: \$4150
 Family: \$8300
 55+ yrs: +\$1000

DENTAL & GLASSES



REMEMBER – Switchpoint contributes \$50/paycheck into your HSA. YOU may want to contribute additional money each month into your HSA – it's TAX FREE!!

All money in the Account is yours to KEEP. Any dollars that you don't spend stay in your account and will grow from year to year

USING YOUR HSA DEBIT CARD



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HEALTH SAVINGS ACCOUNT

4000 1234 5678 9010

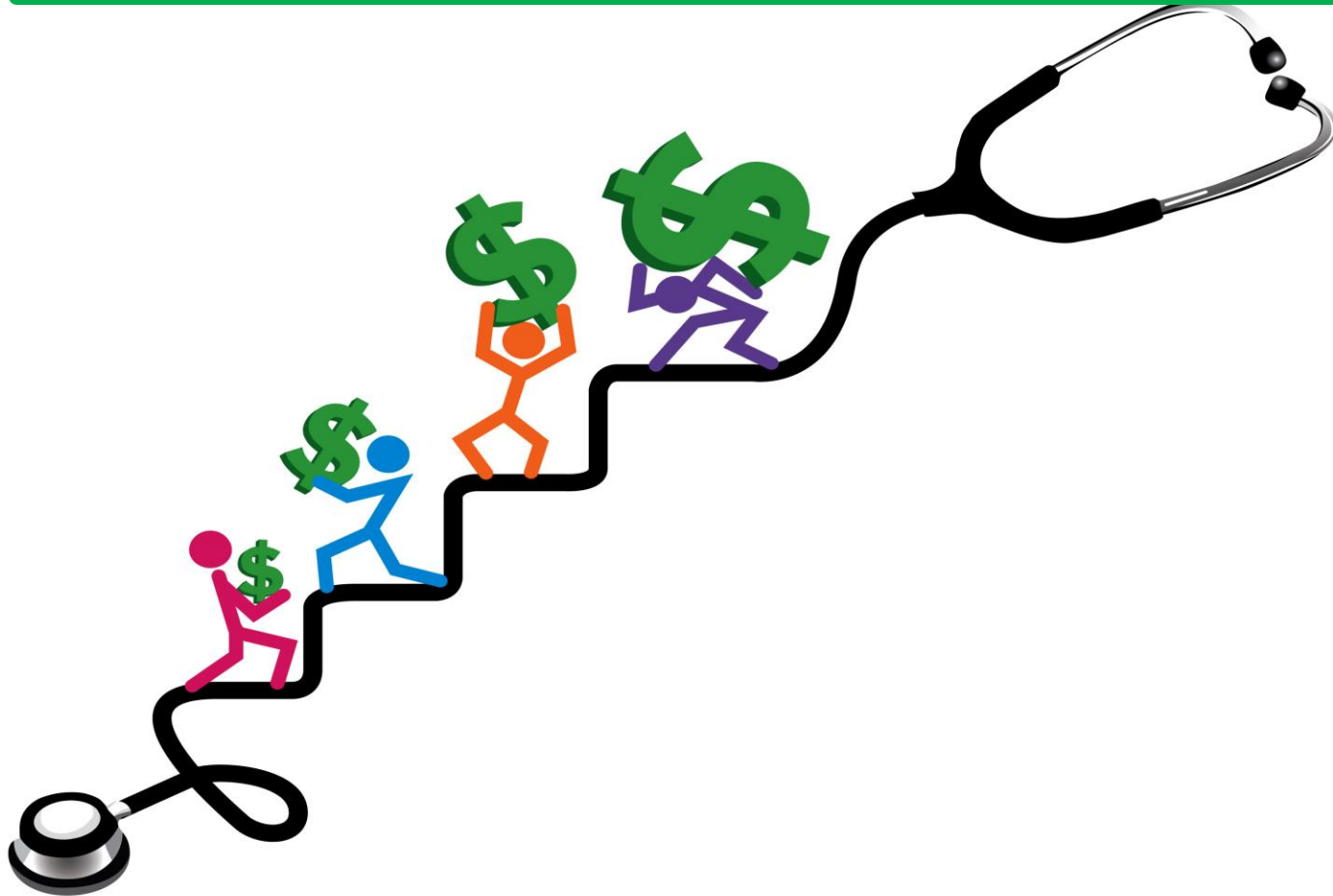
Expires 06/23

JOHN DOE

DEBIT
VISA



**HOW CAN YOU HELP KEEP
HEALTHCARE COSTS DOWN ↓**



**↑
INSTEAD
OF RISING?**

motiv 

EARN \$50 For your **HSA**
Just Learning about Motivhealth

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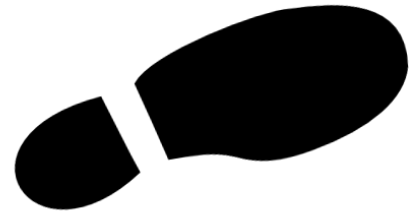
motivhealth

Steps Incentive Program

Sync your Fitbit, Apple Watch, pedometer to your MotivHealth account.

Don't have a device?
Motivhealth will send you one

8,000



20



a month

Days



Steps



UP TO \$250/YEAR INTO HSA



Up to \$500 if spouse participates too!

motivhealth

STEPS PROGRAM





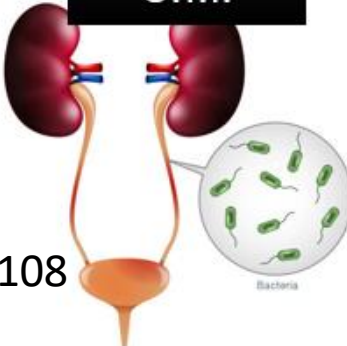
EVER DREAM OF BECOMING A PAID ATHLETE?

NOW YOU CAN BE.



FREE TELEMEDICINE with Motivhealth through PREMIER FAMILY MEDICAL

\$0 = FREE

 <p>ALLERGIES</p> <p>\$345/\$97</p>	 <p>BRONCHITIS</p> <p>\$795/\$123</p>	 <p>SINUSITIS</p> <p>\$617/\$105</p>	 <p>EARACHE</p> <p>\$400/\$110</p>	 <p>U.T.I.</p> <p>\$940/\$108</p>
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How do you Access your FREE TELEMEDICINE through PREMIER FAMILY MEDICAL?

- 1** Visit your **MEMBER PORTAL** with **motivhealth**[®]
member.motivhealth.com
- 2** Click on **“Telemedicine Visits”**
- 3** **“Appointment Scheduling”** – Fill in the Patient Info
FREE 7-days/week, 8:00 am – 8:00 pm
- 4** **SELECT a Time** for your appointment
- 5** Call Anytime with **QUESTIONS** at **844-234-4472**

*motiv*healthi

SmartPay

Same-Day Discount Program

When our members choose to have certain planned medical procedures performed by our high-value providers, and pay in advance, we can reduce member out-of-pocket expenses between **\$250-\$3000**.

HOW TO PARTICIPATE

- 1 Call Us**
Call our Personal Health Assistants (844-234-4472) prior to scheduling a planned medical procedure.
- 2 Choose Care**
Choose a preferred high value provider.
- 3 Pay Reduced Fee**
Pay your reduced cost in advance.
- 4 Get Care**
Receive the medical care you need.



Pay Less

Lower your out-of-pocket expense.



Get Rewarded

Save extra for being a savvy healthcare consumer.



Get Excellent Care

Receive treatment from high value providers.



motivhealth®

motivhealth[®]

SmartPay

DIAGNOSTIC PROCEDURES

- **MRI**
- **CT SCAN**
- **EKG**
- **ECHOCARDIOGRAPHY**
- **COLONOSCOPY**
- **ENDOSCOPY**
- **ULTRASOUND**
- **X-RAYS**
- **MAMMOGRAM**
- **SLEEP STUDY**

PROCEDURES

- **KNEE REPLACEMENT**
- **KNEE SCOPE**
- **HIP REPLACEMENT**
- **ROTATOR CUFF REPAIR**
- **TONSILECTOMY**
- **OUTPATIENT SURGERIES**
- **HERNIA REPAIR**
- **GALL BLADDER SURGERY**
- **BABY DELIVERY**
- **AND MORE...**



PRESCRIPTION ASSISTANCE

Spending \$200+/month on Medicines?
You will want to participate in this program!!

DIABETES PATIENT CARE

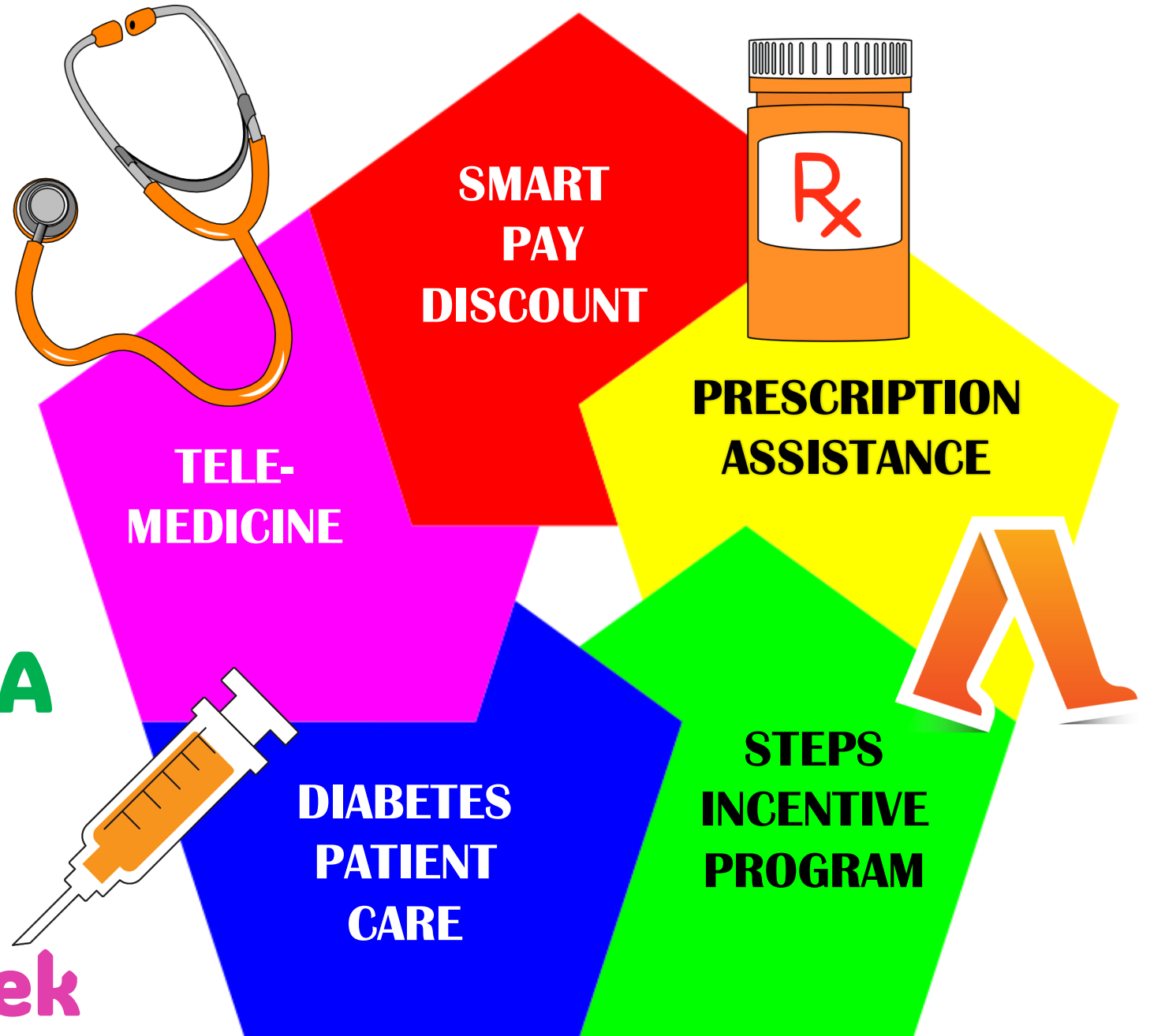


You or a family member has Diabetes?
FREE Testing Supplies!! + Insulin at LOWER Cost!



PROGRAMS

- **Call, pay ahead & SAVE**
- **SAVE on Regular Rx's**
- **8,000+ steps /day = \$ in HSA**
- **SAVE on insulin & Supplies**
- **FREE 7-days week**



PROGRAMS

- **SMART PAY**
 - Pay ahead & save
- **Rx Assistance**
 - Save \$ Monthly
- **Steps Incentive**
 - Walk & Earn
- **Diabetes Care**
 - Free & Discounted
- **Telemedicine**
 - FREE 7-days/week

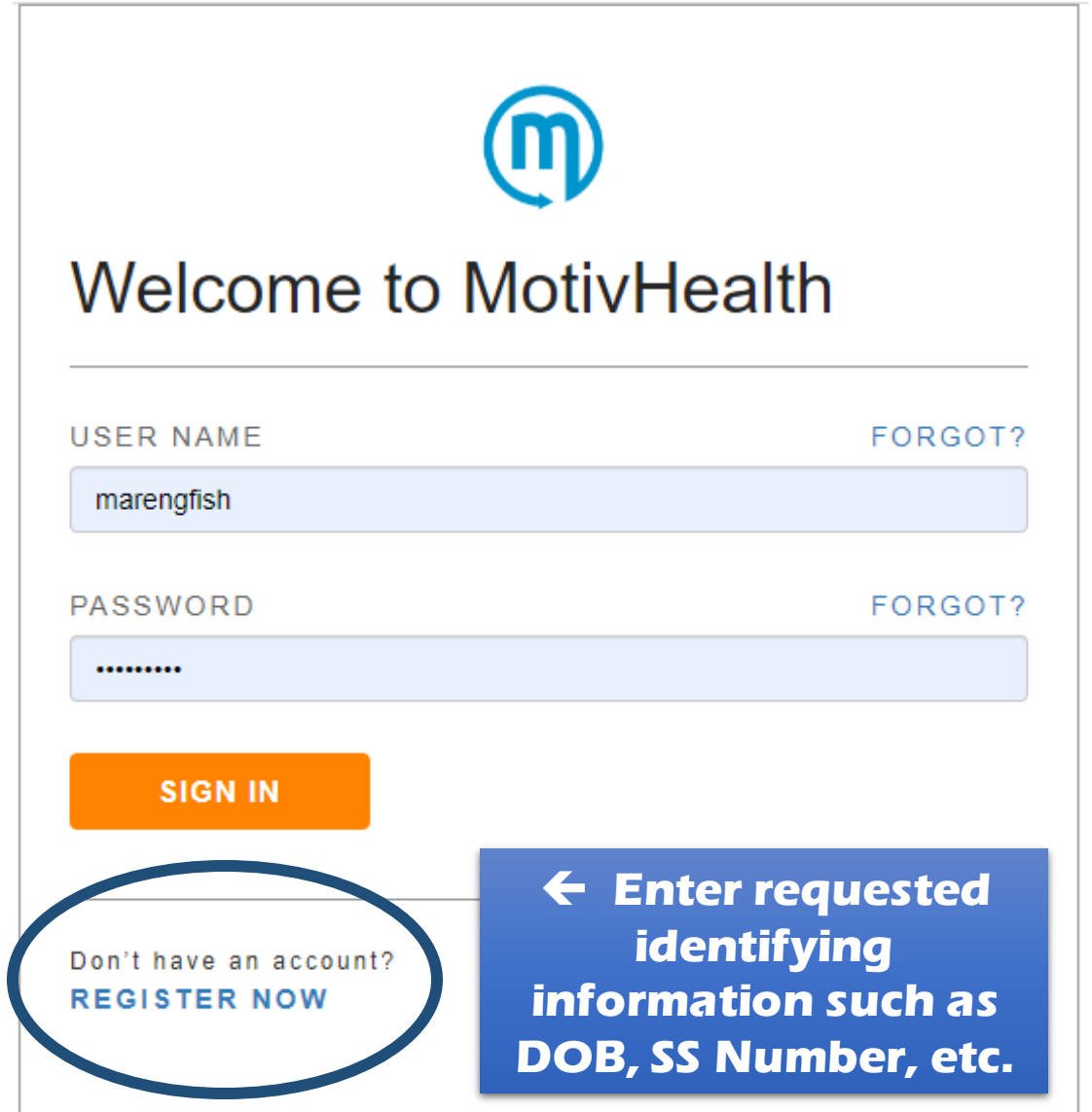
**SAVE YOU
MONEY AND
ALLOW US TO
KEEP COSTS
DOWN ↓**



<https://www.motivhealth.com/>  LOGIN

WHO: Needs to Register and Set Up an Account??

Due to Medical Privacy Laws, each covered member 18+ years NEEDS their OWN ACCOUNT to view Full Information



The screenshot shows the MotivHealth login interface. At the top right is the MotivHealth logo. Below it is the heading "Welcome to MotivHealth". There are two input fields: "USER NAME" with the value "marengfish" and "PASSWORD" with masked characters. Each field has a "FORGOT?" link. Below the fields is an orange "SIGN IN" button. At the bottom left, there is a link "Don't have an account? REGISTER NOW" which is circled in blue. To the right of this link is a blue callout box with a left-pointing arrow and the text "Enter requested identifying information such as DOB, SS Number, etc.".

YOU, SPOUSE, 18+ DEPENDENTS

WHY REGISTER WITH US?

motivhealth®

MEDICAL CLAIMS



How Many!



motivhealth

INSERT MEMBER NAME

Member ID: 000012345
Group ID: 12345
Coverage: Family

NOT STATE REGULATED

24/7 Customer Support 844-234-4472 motivhealth.com

SGRX
RX Bin: 015202
PCN: SGRX

FIND A PROVIDER

CLICK

+MORE

Pricing

TELEMEDICINE



EARN \$50 IN 60 **motiv**

DEDUCTIBLE

You **pay full costs**

You **share costs** with your insurance

before deductible

after deductible

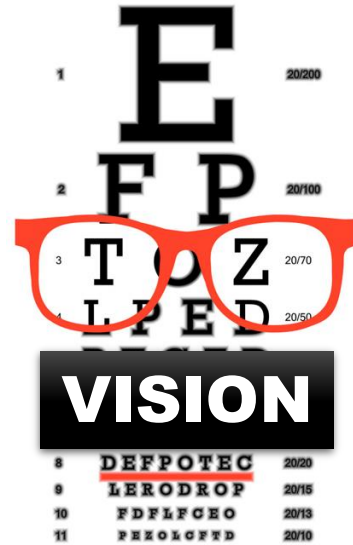
\$ DEDUCTIBLE



OTHER INSURANCE OFFERED THROUGH



DENTAL



However, these will be an
“Out of Pocket” Expense



USE IN-NETWORK PROVIDERS

Be SURE to set up your ACCOUNT with PRINCIPAL so you can access insurance and claim information!

Dental Insurance



Physicians Mutual[®]

2600 Dodge Street
Omaha, NE 68131-2671




Ameritas[®] Principal[™]

Policyowner: Sample A. Samplemmmmmmmmmm
Policy Number: 999-999-999
Plan ID: 999-9999-99999
Policy/Certificate Effective Date: 99/99/9999
Electronic Claims Payer: XXXXX

© Physicians Mutual[®], 2016

vsp vision care

Member: JANE DOE
Member ID: This may be the last four digits of your Social Security # or a unique ID #
Coverage Type: Family
Doctor Network: VSP Choice
Copay: Exam: \$15.00 Materials: \$25.00

To find a VSP[®] network doctor near you or to view your benefit information before your visit, go to vsp.com or call **800.877.7195**.

Your unique ID number is the number provided to you at enrollment by your employer, VSP, or company you've purchased your vision insurance through.

Printed 12/27/2022

PRINCIPAL will mail you Insurance Cards for DENTAL & VISION insurance



\$WITCHPOINT I.R.A. PROGRAM

SIGN UP

**CONTACT H.R.
FOR NECESSARY
PAPERWORK AND**

**TO HELP
FACILITATE**



BRENT SHAKESPEARE
RAYMOND JAMESTM
FINANCIAL, INC.



- **Employees may deposit their own funds through payroll deductions.**
- **Switchpoint will match up to 3%**
- **Personal contributions will be deposited into the IRA plan each pay period.**

**OPEN
ENROLLMENT
ENDS**



FRIDAY



Be WISE...

& Utilize



2024

**BENEFIT
ENROLLMENT
BOOKLET**



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ACCOUNT MANAGER

KAREN HAWKS



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You can always
reach out to...



HR@switchpointcrc.org

