



The Difference Card

WELCOME TO YOUR DIFFERENCE CARD BENEFITS!

The Difference Card is a benefit funded by your employer that helps you save money on your medical costs.



Hi I'm Danny! I'm here to help you understand how to use your Difference Card benefits with your health insurance.

GETTING STARTED

MOBILE APP

Using your smart phone's camera, scan this to download mobile app.

With The Difference Card Smart Mobile App, you can:

- Snap a picture to easily submit your claim
- Find the cheapest place to buy your prescriptions
- Compare cost and search for providers
- View your account balance
- Check claim status
- Sign up for Direct Deposit



LEARN MORE

Visit us online at DifferenceCard.com.

Questions? Our Customer Care Team is available Monday - Friday, from 8AM to 9PM ET.

Call us at (888) 343-2110



Below is an example of how to use your Difference Card Mastercard®. Refer to your Employer Plan for specific amounts.

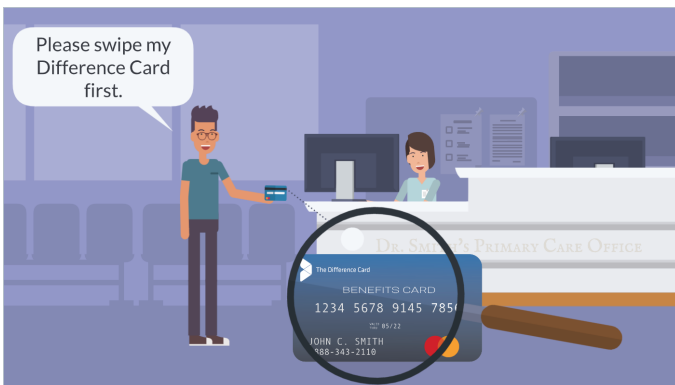
HOW TO SWIPE YOUR DIFFERENCE CARD



1. When visiting his doctor or a pharmacy, Danny gives them his Insurance Card first.



2. The medical provider tells Danny the amount due for the service.



3. Danny first uses his Difference Card funded by his employer to lower his out-of-pocket cost.

Sticker on Card

Amounts listed in sticker are an example

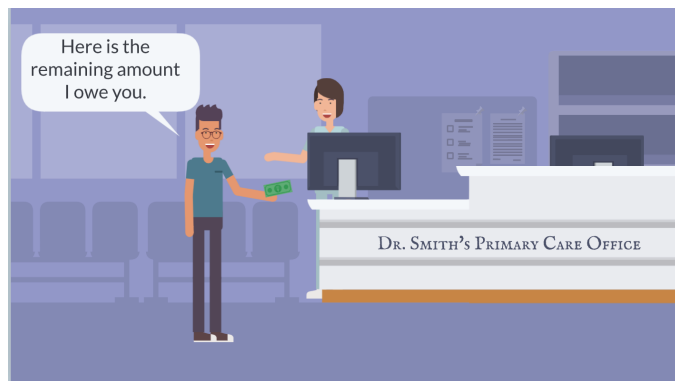
Summary of Benefits

Reference your Summary of Benefits Chart to know how much to swipe your Difference Card for when at the doctor or pharmacy.

SUMMARY OF BENEFITS			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CARRIER BENEFIT
Primary Care Office Visit Copay	\$0	\$35	\$35
Specialist Office Visit Copay	\$30	\$40	\$70
Urgent Care Copay	\$0	\$35	\$35

Amounts listed in chart are an example

4. He tells the provider the amount to swipe for by referring to a sticker on his card or the amount listed in his Summary of Benefits.



5. Danny pays the remaining amount with his personal card or cash. *If you have an FSA, you can swipe The Difference Card once and it will pull the funds appropriately.

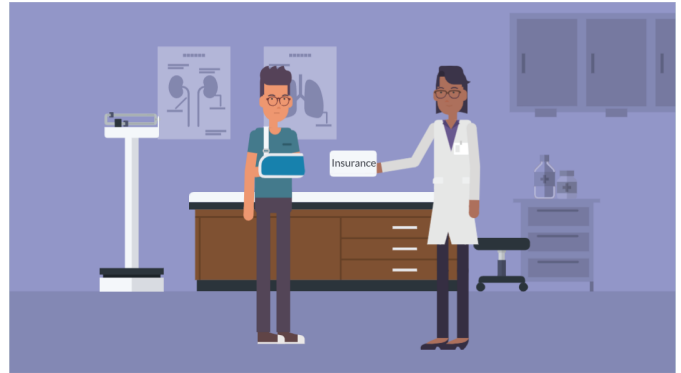


6. The total amount requested is now satisfied using The Difference Card and Danny's personal funds. It's that easy!

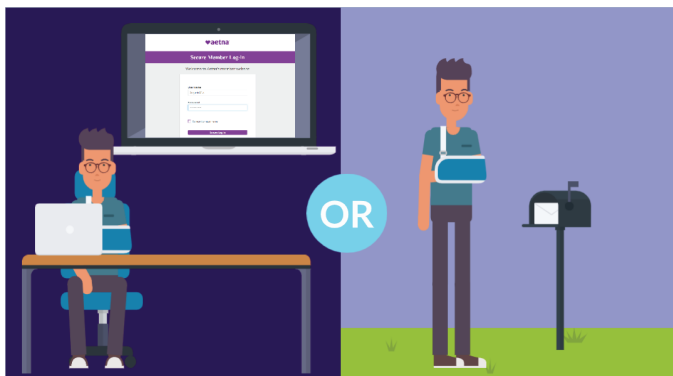
HOW TO GET HELP WITH YOUR MEDICAL BILLS



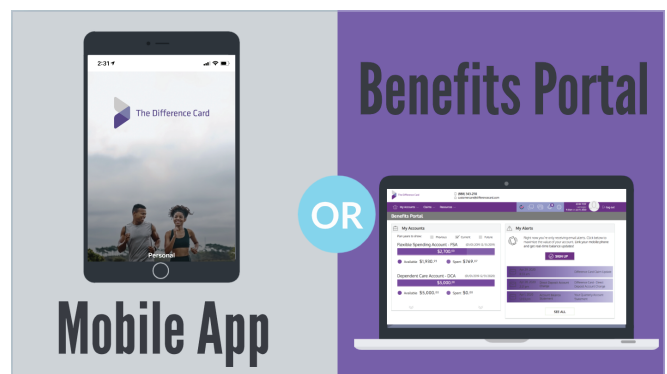
1. When Danny goes to the doctor, he does not pay for some services up front like major medical services.



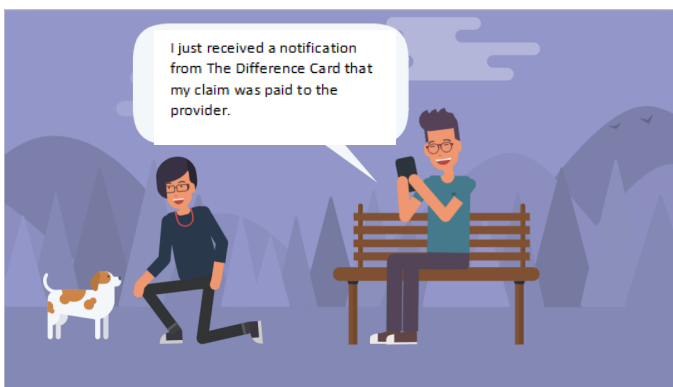
2. Instead, he will present his Insurance Card to the medical provider and will get a bill and an insurance statement* later.



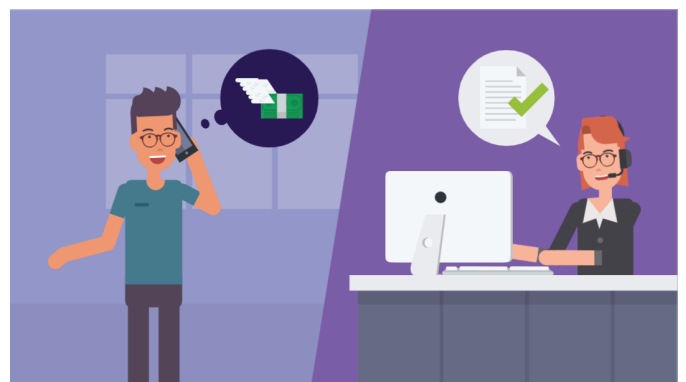
3. Danny will get his insurance statement* either through the Insurance Provider's website or in the mail.



4. Because you have automatic claims, there is no additional action necessary **



5. Claims on average are processed in 2 business days. If Danny's claim is eligible for reimbursement, his funds will be sent to the provider of services.



6. Danny compares the medical bill to the insurance statement and pays the amount he owes. *Danny may have to pay a portion out of pocket before he is eligible for reimbursement.

*An Insurance Statement, sometimes called an Explanation of Benefits (EOB), describes what costs your Insurance Provider will cover for medical care.

**Automatic claims is a feature where your Insurance Statement is automatically sent to the Difference Card on your behalf.



SUMMARY OF BENEFITS

Vanderburgh County Government

ANTHEM
PPO Plan (25 T1)

1/1/2023

to

12/31/2023



Your provider is reimbursed when claim is received from your carrier.



Swipe card for benefit listed under the "Difference Card Pays" column.

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	ANTHEM BENEFIT
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	\$0	\$35	\$35
Specialist Office Visit Copay	\$0	\$60	\$60
Preventive Care / Screening / Immunization	No Charge		
Urgent Care	\$75	\$0	\$75
PHARMACY			
Prescription Deductible Application	N/A		
Prescription Individual Deductible	N/A	N/A	N/A
Prescription Family Deductible	N/A	N/A	N/A
Retail Prescriptions	\$5 / \$17.50 / \$37.50 / 50% of Charge	50%	\$10 / \$35 / \$75 / 25% to \$350
Mail Order Prescriptions	\$12.50 / \$43.75 / \$93.75 / 50% of Charge	50%	\$25 / \$87.50 / \$187.50 / 25% to \$350
DIAGNOSTIC PROCEDURES			
Diagnostic Test- Lab Bloodwork	Deductible & Coinsurance	Remaining Amount	Deductible & Coinsurance
Diagnostic Test X-Ray	Deductible & Coinsurance	Remaining Amount	Deductible & Coinsurance
Complex Imaging (CT/Pet Scans, MRIs)	Deductible & Coinsurance	Remaining Amount	Deductible & Coinsurance
HOSPITAL SERVICES			
Emergency Room Care	\$250 Copay & Coinsurance	Remaining Coinsurance	\$250 Copay & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Remaining Amount	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Remaining Amount	Deductible & Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar Year		
Family Deductible Accumulation Type	Individual Accumulation		
In-Network Individual Deductible	\$500	\$5,500	\$6,000
In-Network Family Deductible	\$1,000	\$11,000	\$12,000
In-Network Individual Coinsurance Limit	\$1,000	\$1,700	20% to \$2,700
In-Network Family Coinsurance Limit	\$2,000	\$3,400	20% to \$5,400
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	\$18,000	\$0	\$18,000
Out-of-Network Family Deductible	\$36,000	\$0	\$36,000
Out-of-Network Individual Coinsurance Limit	\$8,100	\$0	40% to \$8,100
Out-of-Network Family Coinsurance Limit	\$16,200	\$0	40% to \$16,200

In-Network Family Multiplier 2

Out-of-Network Family Multiplier 2

Mail Order Multiplier 2.5

All 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.

All 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 - \$35
- Specialist Swipe - \$60
- RX Copay - \$35

Swipe for total and 50% will be discounted

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims



SCAN THIS WITH YOUR CAMERA



SUMMARY OF BENEFITS

Vanderburgh County Government

ANTHEM

1/1/2023

to

12/31/2023

High Deductible Health Plan (E5 Prev Rx)



Your provider is reimbursed when claim is received from your carrier.



You are reimbursed when claim is received from your carrier.

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	ANTHEM BENEFIT
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	Deductible	Remaining Amount	Deductible
Specialist Office Visit Copay	Deductible	Remaining Amount	Deductible
Preventive Care / Screening / Immunization	No Charge		
Urgent Care	Deductible	Remaining Amount	Deductible
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
Prescription Individual Deductible	Int. with Med Ded	Int. with Med Ded	Int. with Med Ded
Prescription Family Deductible	Int. with Med Ded	Int. with Med Ded	Int. with Med Ded
Retail Prescriptions	Deductible	Remaining Amount	Deductible then, \$150 at Non-Preferred Pharmacy
Mail Order Prescriptions	Deductible	Remaining Amount	Deductible then, \$150 at Non-Preferred Pharmacy
DIAGNOSTIC PROCEDURES			
Diagnostic Test- Lab Bloodwork	Deductible	Remaining Amount	Deductible
Diagnostic Test X-Ray	Deductible	Remaining Amount	Deductible
Complex Imaging (CT/Pet Scans, MRIs)	Deductible	Remaining Amount	Deductible
HOSPITAL SERVICES			
Emergency Room Care	Deductible	Remaining Amount	Deductible
Outpatient Surgery	Deductible	Remaining Amount	Deductible
Inpatient Hospital	Deductible	Remaining Amount	Deductible
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	Yes		
Deductible Accumulation Period	Calendar Year		
Family Deductible Accumulation Type	Individual Accumulation		
In-Network Individual Deductible	\$3,000	\$3,200	\$6,200
In-Network Family Deductible	\$6,000	\$6,400	\$12,400
In-Network Individual Coinsurance Limit <small>(Applies to Non-Preferred Pharmacy)</small>	\$0	\$150	\$150
In-Network Family Coinsurance Limit <small>(Applies to Non-Preferred Pharmacy)</small>	\$0	\$300	\$300
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	\$18,600	\$0	\$18,600
Out-of-Network Family Deductible	\$37,200	\$0	\$37,200
Out-of-Network Individual Coinsurance Limit	\$3,625	\$0	30% to \$3,625
Out-of-Network Family Coinsurance Limit	\$7,250	\$0	30% to \$7,250

In-Network Family Multiplier 2

Out-of-Network Family Multiplier 2

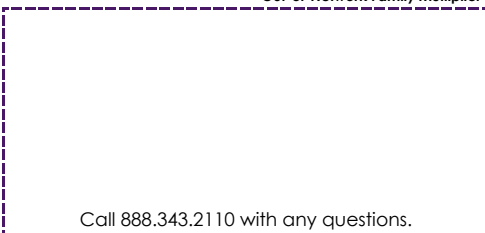
Mail Order Multiplier 2.5

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All Out-of-Network Services are subject to the Deductible.

Information on this document based on carrier SBC.



Download the Mobile App to View and Submit Claims



SCAN THIS WITH YOUR CAMERA

Call 888.343.2110 with any questions.

Provider Pay

Step 1



Anthem will be providing
The Difference Card
with an electronic
Explanation of Benefits

Step 2



When you have a health
claim, it will be reported to
us on this electronic
Explanation of Benefits

Step 3



The Difference Card will process your
claim and submit any payment owed to
your medical provider by mail.

Step 4



You will receive a claims
summary via email that will
contain the amount of the
payment sent to the provider.

Please Note:



Check your Difference Card Summary of Benefits
to verify your member responsibility and when
we will pay your provider.

SUBMIT YOUR CLAIM IF YOU FORGOT TO SWIPE YOUR CARD



MOBILE

Download the Difference Card Smart Mobile App to submit your claim with a picture.



ONLINE

Login to your account at DifferenceCard.com to submit your claim online.



MAIL

Fill out a Reimbursement Form and submit your documents via mail.



FAX

Fill out a Reimbursement Form and submit your documents via fax.



DIRECT DEPOSIT

The fastest way to get your money.

Money will come back to you via direct deposit if you select that as your Reimbursement Preference.

TOOLS ON THE GO

Scan this code with your camera app to get helpful resources at your fingertips.



SCAN ME