



The Difference Card

2023 Difference Card Benefits  
Conover Advertising  
2/1/2023

# Your Difference Card 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
- Check your Summary of Benefits to see what you can swipe for and benefits you will need to submit for manually
- You can locate the summary on the member portal by clicking the three lines, Resources, forms and Documents.
- Refer to the cut out at the bottom for amounts you can swipe with your Difference Card Master Card**



SUMMARY OF BENEFITS			
CLIENT NAME	CARRIER	1/1/2023	to 12/31/2023
PLAN OPTION NAME			
Swipe card for benefit listed under the "Difference Card Pays" column.		Submit a claim for reimbursement with EOB for payment.	
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	CARRIER BENEFIT
<b>PHYSICIAN SERVICES</b>			
Primary Care Office Visit Copay	Member Portion	DC Funding	Enter Carrier Benefit First
Specialist Office Visit Copay	Member Portion	DC Funding	Enter Carrier Benefit First
Preventive Care / Screening / Immunization		No Charge	
Urgent Care	Member Portion	DC Funding	Enter Carrier Benefit First
<b>PHARMACY</b>			
Prescription Deductible Application		~Please Select First~	
Prescription Individual Deductible	Enter DC Pays Amount to Calculate	DC Funding	Carrier Benefit
Prescription Family Deductible	Enter DC Pays Amount to Calculate	DC Funding	Carrier Benefit
Retail Prescriptions	\$ / \$ / \$	Enter % or \$ Funding	\$ / \$ / \$
Mail Order Prescriptions	\$ / \$ / \$	Enter % or \$ Funding	\$ / \$ / \$
<b>DIAGNOSTIC PROCEDURES</b>			
Diagnostic Test- Lab Bloodwork	Member Portion	DC Funding	Enter Carrier Benefit First
Diagnostic Test- X-Ray	Member Portion	DC Funding	Enter Carrier Benefit First
Complex Imaging (CT Scans, MRI)	Member Portion	DC Funding	Enter Carrier Benefit First
Emergency Room Care	Member Portion	DC Funding	Enter Carrier Benefit First
Outpatient Surgery	Member Portion	DC Funding	Enter Carrier Benefit First
Inpatient Hospital	Member Portion	DC Funding	Enter Carrier Benefit First
<b>IN-NETWORK DEDUCTIBLE &amp; COINSURANCE</b>			
Qualified High Deductible Health Plan		~Please Select First~	
Deductible Accumulation Period		~Please Select First~	
Family Deductible Accumulation Type		~Please Select First~	
In-Network Individual Deductible	Member Portion	DC Funding	Enter Carrier Benefit First
In-Network Family Deductible	Member Portion	DC Funding	Enter Carrier Benefit First
In-Network Individual Coinsurance Limit	Member Portion	DC Funding	Enter Carrier Benefit First
In-Network Family Coinsurance Limit	Member Portion	DC Funding	Enter Carrier Benefit First
<b>OUT-OF-NETWORK DEDUCTIBLE &amp; COINSURANCE</b>			
Out-of-Network Individual Deductible	Member Portion	DC Funding	Enter Carrier Benefit First
Out-of-Network Family Deductible	Member Portion	DC Funding	Enter Carrier Benefit First
Out-of-Network Individual Coinsurance Limit	Member Portion	DC Funding	Enter Carrier Benefit First
Out-of-Network Family Coinsurance Limit	Member Portion	DC Funding	Enter Carrier Benefit First
In-Network Family Multiplier 2		Out-of-Network Family Multiplier 2	
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 - DC Funding Specialist Swipe - DC Funding ER Visit Swipe - DC Funding Urgent Care Swipe - DC Funding RX Copay - DC Funding Call 888.343.2110 with any questions.	
		Download the Mobile App to View and Submit Claims 	

# The Difference Card MasterCard

Used at the Pharmacy for deductible expenses.





Members enrolled in the medical plans are 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			
Conover Advertising		HPHC	2/1/2023 to 1/31/2024
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
	Amount you will end up paying out of pocket.	Funding to help pay that expected amount.	Expected to Pay





You can manually submit for Mail Order Prescription reimbursements





# What amounts to swipe your Difference Card for:

SUMMARY OF BENEFITS			
Conover Advertising	HPHC	2/1/2023	to 1/31/2024
PPO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
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Retail Prescriptions	20%	 80%	\$5/ \$30 / 50% to \$125 / 50% to \$250 / 50% to \$500
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	Amount you will end up paying out of pocket.	Funding to help pay that expected amount.	Expected to Pay



You can manually submit for Mail Order Prescription reimbursements



Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
Conover Advertising		HPHC	2/1/2023 to 1/31/2024
HMO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
In Network Individual / Family Deductible	\$0	\$3,600 / \$7,200	\$3,600 / \$7,200
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
	Amount you will end up paying out of pocket.	Funding to help pay that expected amount.	Expected to Pay



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SUMMARY OF BENEFITS			
Conover Advertising	HPHC	2/1/2023	to 1/31/2024
HMO			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
In-Network Individual / Family Deductible	\$0	\$3,600 / \$7,200	\$3,600 / \$7,200
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
Amount you will end up paying out of pocket.		Funding to help pay that expected amount.	Expected to Pay



Submit a claim for reimbursement with EOB for payment.

SUMMARY OF BENEFITS			
Conover Advertising		HPHC	2/1/2023 to 1/31/2024
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
Primary Care Office Visit Copay	\$30	Deductible, then \$45	Deductible, then \$75
Specialist Office Visit Copay	\$30	Deductible, then \$120	Deductible, then \$150
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	Amount you will end up paying out of pocket.	Funding to help pay that expected amount.	Expected to Pay



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SUMMARY OF BENEFITS			
<b>Conover Advertising</b>		<b>HPHC</b>	<b>2/1/2023 to 1/31/2024</b>
<b>PPO</b>			
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>
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
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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			
<b>Conover Advertising</b>	<b>HPHC</b>	<b>2/1/2023</b>	<b>to 1/31/2024</b>
<b>PPO</b>			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	HPHC BENEFIT
<b>Out of Network Individual / Family Deductible</b>	<b>First \$2,000 / \$4,000</b>	<b>Remaining \$6,000 / \$12,000</b>	<b>\$8,000 /\$16,000</b>
Out of Network Individual / Family Coinsurance Limit	First \$2,000 / \$4,000	Remaining \$4,000 / \$8,000	20% to \$6,000 / \$12,000
	<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.

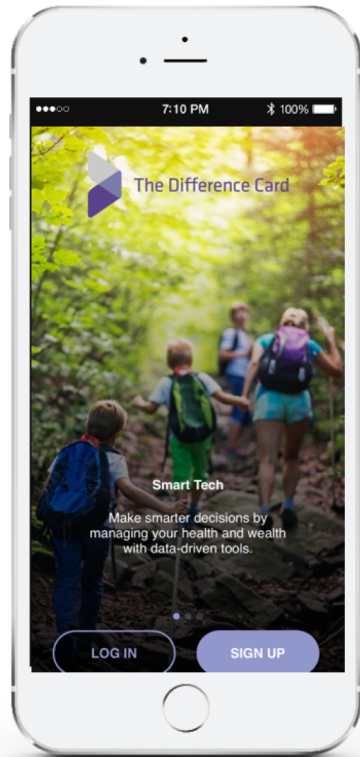


## **FAX**

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

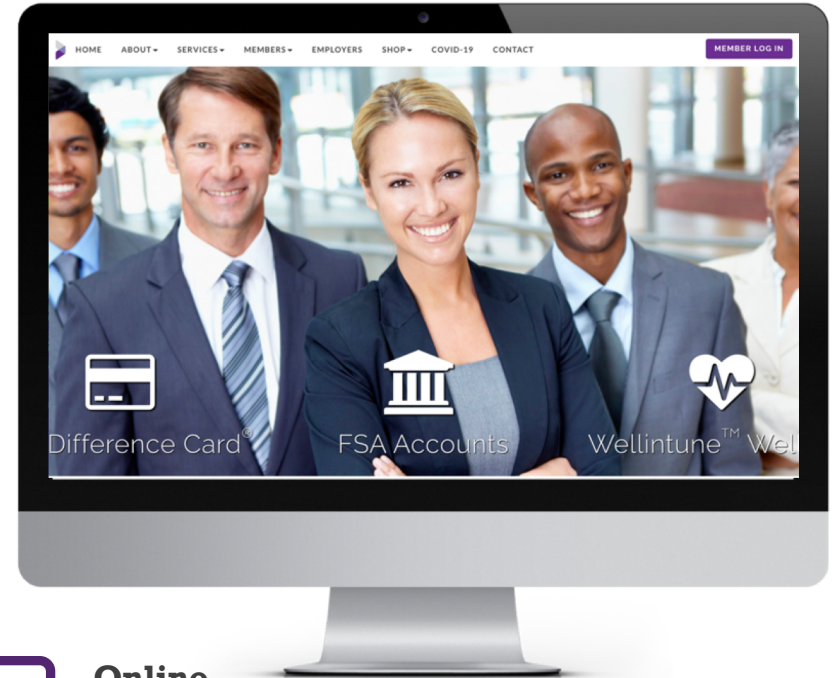
# Create Your Account

Register your account with The Difference Card



## Mobile App

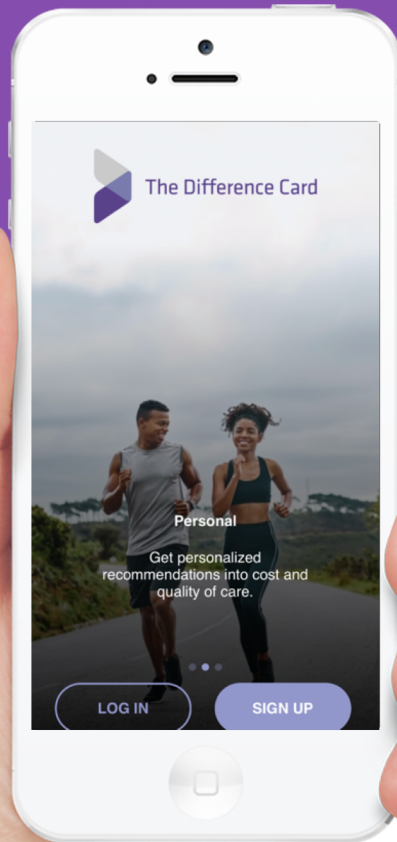
Use The Difference Card Smart Mobile App to register your account and get started.



## Online

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

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 the status of your claim in real time
- + Sign up for Direct Deposit

**Download the app today!**

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



# 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.



### 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.

The screenshot shows a web form for setting up direct deposit. At the top, there are two tabs: 'Check' (unselected) and 'Direct Deposit' (selected). The form fields include:

- Bank Name \*: Bank of America
- Account \*: \*\*\*\*\*9345
- Re-enter Account \*:
- Account Routing \*: \*\*\*\*\*0020
- Re-enter Routing \*:
- Bank Account Type: Checking (dropdown menu)
- Account Status: Active

Below these fields is a checkbox with an asterisk and the text: "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."

To the right of the form is a 'Check example' section showing a sample check with fields for Name, Address, Date, Pay to the order of, and Your bank. Below the check example is a table with the following data:

Routing Number	Check #	Account Number
1233211231	234511	123456789123

Below the table is a note: "Please note: The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above."

## Customer Care Hours:

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**Monday - Friday**

8:00 AM-9:00 PM ET

## How to reach us:

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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)



The Difference Card

# 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

A family of four is shown in a bright, modern kitchen. A man and a woman are standing, smiling, while two young children are sitting at a wooden table. They are all holding and eating oranges. On the table, there is a mesh basket filled with various fruits and vegetables, including bananas, a green pepper, and leafy greens. The background shows a kitchen counter with various items, including a potted plant and a sign that says "Stuff". The overall atmosphere is warm and inviting.

**Thank you for joining us today!**

Any questions?