



Process Technology

Frequently Asked Questions

Helpful Benefit Terms and Resources

Learn the lingo. Knowing these terms will help you make smart decisions for 2025.

Premiums: The amount you pay out of your paycheck for medical coverage.

Deductible: The amount you pay each year before the Plan begins to share the cost. Most eligible medical expenses count toward the deductible.

Copay: The flat dollar amount you pay for office visits even if you haven't met your deductible on the PPO Plan. Copays do not count toward your deductible but do count toward your out-of-pocket maximum.

Coinsurance: The set percentage you pay after you meet your annual deductible (or in some cases a copay), but before you reach the out-of-pocket maximum.

Out-of-Pocket Maximum: The highest amount you will have to pay for eligible medical expenses before the Plan picks up 100% of the cost for the rest of the year.

Ask the right people. Need to know more? These resources can help.

Employee Benefit Management Services • Benefits icon on the website	Benefits tab on the website or www.ebms.com 1-866-326-7598
2025 Annual Enrollment Details • Benefits icon on the website	Process Technology (processtechnologybenefits.com)
Medical • RBP Plan / Cigna Plan	www.ebms.com • mycigna.com 1-866-326-7598
Prescription Drugs • TrueRx	www.truerx.com 1-866-921-4047
Dental • Employee Benefit Management Services	Benefits tab on the website or www.ebms.com 1-866-326-7598
Vision • Employee Benefit Management Services	Benefits tab on the website or www.ebms.com 1-866-326-7598
Health Savings Account • Optum Bank	Benefits tab on the website or www.optumbank.com 1-866-234-8913 Option 4

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Frequently Asked Questions

Employee Benefit Management Services (EBMS) Medical Plan Claims Administrator Reference Based Pricing (RBP) Medical Plans



Where can I find a contracted provider?

The provider search link can be found on your miBenefits homepage. By clicking on Find a Provider, you can find a contracted provider and access acceptance history for non-contracted providers if available.

Who would I call if a provider asks for payment upfront, a hospital or doctor turns away me based on our health plan, or I need to travel outside of my primary location to receive care?

You can call EBMS at 866-326-7598

What if my provider needs to call and verify benefits?

Your provider can call 406-869-5555 which is the number that is located on the back of your ID card.

Who should my provider call if I need a prior authorization?

Your provider can call CareLink at 866-894-1505. The number is also located on the back of your ID card.

Where can my provider submit claims?

Please refer to the address located on the back of your ID card.

How can I register for miBenefits?

You can register for miBenefits at miBenefits.ebms.com by clicking Register Now. Click on Member and entered the information as prompted.

How can I view my claims on miBenefits?

On your miBenefits homepage, you can click on Claims at the top of the page. From there, you can view claims and filter based off your service date, provider name, and claim type. You can view which claims have been processed and paid, view claim details, and pull Explanation of Benefits (EOBs).

Where do I go if I have a claims question?

On your miBenefits homepage, click on Contact on the upper right-hand corner of the screen. The EBMS contact information will be displayed.

Where can I find a copy of my ID card?

You can download a PDF copy of your ID card on miBenefits, as well as order a replacement copy to your home address by clicking Order a new ID Card on the left-hand side of your miBenefits homepage.

Where can I request a copy of my certificate of coverage?

You can request a certificate of coverage by clicking on Request Certificate of Coverage on the left-hand side of your miBenefits homepage.





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BasiCare Plus – Telehealth Services *BasiCare Plus*[®]

What is BasiCare Plus?

- BasiCare Plus provides physician consultations, 24/7, for common ailments using the Recuro Care physician network. These ailments are referred to as non-emergent and episodic in nature. With a properly designed system and applications our network is designed to consult and provide diagnosis for these common ailments which amount to 82% of all illnesses. Go to www.basicareplus.com/illness to see a list of common ailments.
- Physician network is board certified, NCQA credentialed, broad based and available by phone and video.

Can I use BasiCare Plus in place of my family physician?

BasiCare Plus is only appropriate for events that are not an emergency and are infrequent in nature. BasiCare Plus should NOT replace a primary care physician.

Can I use the Doctor for my other medications?

The telemedicine service is not appropriate for chronic conditions, only acute (episodic in nature and non-emergent) such as colds, flu, infection, pain, rash, allergies and so forth. That said, diabetes, hypertension, cholesterol are examples of chronic conditions that must be diagnosed and monitored frequently by your primary care physician.

Is there a limit on the number of times I can call a doctor?

Your service has no limits on call frequency.

Can I add my dependents?

A BasiCare Plus membership automatically includes up to a total of nine household members.

How do I contact them?

Call 888-241-4302 or visit www.247doctornow.com. This will take you to the Recuro Care login.

GEMCORE – On Goal Program **GEMCORE**

What is GEMCORE's On Goal Program?

GEMCORE offers Process Technology Team Members and their dependents on the medical plan the following On Goal Programs:

- Disease Management Coaching Program – Free one on one telephonic health coaching scheduled at your convenience to work with a Registered Dietitian on lifestyle changes or chronic conditions.
- Diabetes Management Coaching Program – Free one on one telephonic health coaching scheduled at your convenience to help manage your diabetes. Free diabetes testing supplies (continuous glucose monitors & insulin pumped included) provided if compliant with monthly coaching obligation.

How do I enroll?

Call 888-423-5220 or visit <http://gemcorehealth.com/enroll>.



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Employee Benefit Management Services (EBMS) Medical Plan Claims Administrator Cigna Medical Plans



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Who would I call if a provider asks for payment upfront, a hospital or doctor turns away me based on our health plan, or I need to travel outside of my primary location to receive care?

You can call EBMS at 866-326-7598

What if my provider needs to call and verify benefits?

Your provider can call EBMS at 866-326-7849 which is the number that is located on the back of your ID card.

Who should my provider call if I need a prior authorization?

Your provider can call Cigna at 866-326-7849. The number is also located on the back of your ID card.

Where can my provider submit claims?

Please refer to the address located on the back of your ID card.

How can I view my claims on miBenefits?

On your miBenefits homepage, you can click on Claims at the top of the page. From there, you can view claims and filter based off your service date, provider name, and claim type. You can view which claims have been processed and paid, view claim details, and pull Explanation of Benefits (EOBs).

Where do I go if I have a claims question?

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FREQUENTLY ASKED QUESTIONS

How do I appeal a claim, find a copy of an accident letter, or manually submit a claim?

By clicking on Document Library on the right-hand corner of your miBenefits homepage, you can find the documents with instructions on how to appeal a claim, submit an accident letter, or submit a claim.

Is there a miBenefits app available?

The miBenefits mobile app is available on the Apple Store and Google Play.

Is there a Cigna app available?

No, members should use the miBenefits app.

TrueRX – Prescription Drug Provider



Is True Rx a pharmacy?

No, they are not a pharmacy. They are your pharmacy benefits manager. You will continue to receive medications at your local pharmacy while they work in the background to make sure you're getting prescriptions with ease and accuracy.

How do I get started?

- Download the app by searching "MyRxPlan" in your app store.
- Register for your online account with your Card Holder ID, Group Number, Your First and Last Name, and Date of Birth.
- Click Save and Continue.
- Finish the Two-Step Verification Process.

How do I use the mail order service?

You will need to contact WB Rx Express at www.wbrxexpress.com/mail-order or 833-391-0126.

How do I order refills?

Once your prescription has been received by WB Rx Express, you have three convenient ways to request refills.

- When allowed, WB Rx Express will automatically enroll you into an auto refill program. This program is designed to ensure you do not miss any doses with the convenience of receiving your medications on schedule in the mail.
- Refills may be ordered by phone by calling 833-391-0126. Please remember to have your credit card information and the prescription number ready.
- Download the RxLocal app and refill prescriptions from your phone.

How much will my medication cost?

You can find the cost of your medication by using the member portal at truerx.com/member-portal or by downloading the "MyRxPlan" app to compare prices at different pharmacies in your area.

What should I do if my claim is delayed or denied?

If you're having difficulties, please give us a call. Our patient care representatives are experts in your pharmacy benefits plan.

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SHARx – Prescription Drug Advocacy Program



What is SHARx?

SHARx is a prescription advocacy program that works through multiple avenues and has alternative access points to high-cost and specialty medications to save you money. High-cost medications are defined as costing \$350 or more per month. By utilizing SHARx, members taking a qualifying medication will receive their medication at a reduced cost, often free.

What is SharX insurance?

SHARx is not insurance. They work alongside the health insurance to source medications for free or for reduced price.

What does SHARx mean for me?

If you are taking a high-cost or specialty medication that is \$350 or more per month, SHARx can likely help you source those medications, often times at no cost to you. If you have questions or are not sure if your medications qualify, please call 314.451.3555 option 1 and the SHARx team will be happy to help.

Why do I need to sign a HIPAA form?

SHARx works on your behalf to obtain your medications for free or at a reduced price. SHARx takes the stress out of sourcing high-cost medications by submitting applications for manufacturer free programs, assisting with requesting scripts from your doctor, and working with drug manufacturers coordinating with your physician. To do this, a signed HIPAA form is required. The HIPAA allows SHARx to best advocate for you. The HIPAA form binds us to laws that ensure the privacy and protection of your information.

How does SHARx get my prescription from my doctor?

With a signed HIPAA form, we can request your prescription from your physician on your behalf. SHARx will only discuss the high-cost or specialty medications we are sourcing for you unless your health care provider is recommending an alternate medication.

How does SHARx access medications?

SHARx can access many medications through manufacturer free programs, international mail order, domestic pharmacies, copay cards, foundations, grants, and many other options. The sourcing option chosen for your medication will be explained to you by a member of our Advocacy team.

How does SHARx work with High Deductible Health Plans?

SHARx works in conjunction with the current health plan. If we can obtain medication at no cost to the member, there will be no contribution to the deductible. Some copay cards, while providing a discount, will not cover the entire cost of the medication. In certain cases, the member will be required to pay an out-of-pocket cost. Those costs will be applied to the deductible as outlined by the health plan.

How do I get my medication the same way I have done in the past?

All qualifying high-cost medication will be directed to SHARx to attempt to source at reduced prices, often at no out-of-pocket cost to you. There are times when the best available option will be to continue obtaining your medication as you have in the past. SHARx will walk you through the process each step of the way.

Please note that under the Cigna plans, the J-code drugs (physician administered infusions and injectables) do not go through SHARx, those go through the medical plan.

How do I learn more about the SHARx Program?

Visit <https://www.sharxplan.com/group-faqs/> for more information.

