



2026 Benefits Guide

Your Guide to Making the Most of Your Benefits

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Welcome to Healthgram

Cable Dahmer has partnered with Healthgram to bring you valuable benefits and a new way to think about healthcare. Beginning on **1/1/2026**, Healthgram will be your new contact for medical claims and customer service.

Our goal is to help you better navigate the complexities of our healthcare system and become a trusted resource for your healthcare needs. We look forward to becoming your partner along the way.

Important Information to Know

Contacting Healthgram

Live Support:

8:00 am-5:00 pm ET Monday-Friday

**Afterhours inquiries will be answered next business day*

Call 1-866-904-9081

Chat members.healthgram.com

Email askConnect@healthgram.com

Contact Us:

- For answers about your plan and benefits
- Before any planned medical procedures
- For billing assistance
- To confirm precertification for an upcoming procedure

Online Portal

Check claims, view your digital ID card, live chat and more from our user-friendly online portal. Register at members.healthgram.com.

View the complete guide on "The Member Portal" page.

**Please note that if you're new to Healthgram, portal access may not be available until your health plan effective date.*

Network

Your network access will be through Cigna PPO.

Two ways to search for in-network providers:

1. Log into your member portal at members.healthgram.com and select "Provider Search"
2. Visit www.cigna.com

More information is on the "Finding an In-Network Provider" page

Pharmacy

Your pharmacy benefit manager (PBM) is **SmithRx**. Your pharmacy information is printed on your new medical ID Card.

Contacting **SmithRx**:
(844) 454-5201

Please have your ID number ready.

ID Card

Provide your Healthgram ID card to ALL of your providers beginning **1/1/2026** and dispose of old cards.

More information is on the "Understanding the Information on Your Insurance Card" page

Healthgram & Cigna: Understanding the Information on Your Insurance Card

BE PREPARED AND CARRY YOUR CARD AT ALL TIMES

As your insurance provider, Healthgram offers you top-notch healthcare benefits, including access to Cigna's robust provider network and pricing. Understanding the information on your new identification card will help you **save time and avoid confusion**.

Member Section

ID Number- unique to you and ensures you receive coverage and care

Group #- Identifies the plan you are on

Ancillary Plans- medical services that are not provided by acute care hospitals, doctors, or healthcare professionals



Medical Plan Section

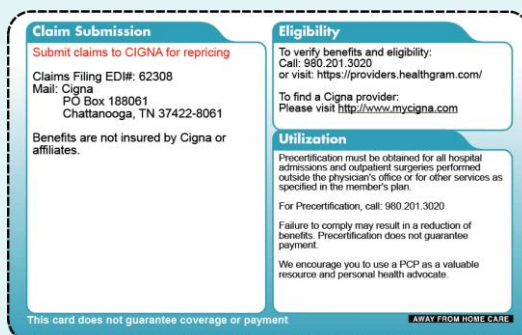
Find information about how much you will pay upfront at the following places:

PCP: Primary Care Provider
SPEC: Specialist
UC: Urgent Care
DED: Deductible
OOP: Out-of-Pocket
ER: Emergency Room

Pharmacy Plan Section

When filling a prescription, the pharmacy will require the following information:

RX BIN: the Back Identification Number to route a claim to the right insurance
RX PCN: the Processor Control Number that further narrows the claim to the specific insurance
RX GRP: the Prescription Group Number indicates which group plan you fall under



Eligibility Section

The Cigna logo is on your card because you have access to their medical network, but *Healthgram provides all benefits and eligibility determinations*.

Contact Healthgram by calling **980-201-3020** or chat with a representative at **members.healthgram.com**

Additional Information on your Card

EDI number and mailing address for submitting claims can be found under the "Claims Submission" section. As stated, *benefits are not insured by Cigna or affiliates*.

Information regarding precertification is under the "Utilization" section. *If you have to be admitted to the hospital, call Healthgram right away.*

FAQ

If Healthgram is my insurance, why is there a Cigna logo on my card?

Healthgram is your insurance and administers all eligibility, claims, benefits, and support, but the Cigna logo is on your card because we offer you access to Cigna's provider network and pricing.

Who do I contact if my provider says I am not covered or ineligible for benefits?

You will need to confirm that they are verified through Healthgram and NOT Cigna. Do NOT contact Cigna for eligibility or benefits.

Who should I tell my provider to contact if they have a question about benefits and eligibility?

Direct them to visit providers.healthgram.com for chat support or online coverage verification. Providers can also search "HEALTHGRAM" within their EHR systems or call our phone number for support.

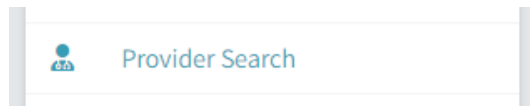
If you need further assistance, please visit members.healthgram.com to chat with a Healthgram representative or give us a call at **980-201-3020**

Finding an In-Network Provider

Instructions:

1. Visit members.healthgram.com
2. Login to your member portal
3. Select "Provider Search" on the member portal home screen. You will then be directed to Cigna's online provider directory

4.



5. Enter the appropriate information for your provider search in your geographic area

Find a Doctor, Dentist, or Facility in



Doctor by Type



Doctor by Name



Health Facilities and Group Practices

6. When asked to Login/Register you can continue as a guest
7. If prompted to select a plan, please select the specific Cigna network from your ID card or continue without selecting a plan
8. Verify that your provider is in-network

IMPORTANT: Always verify network status directly with your provider if you are unsure. Online provider directories are not always up to date

Healthgram Connect: Your Dedicated Care Team

Your employer has teamed up with Healthgram to provide you and your family with access to a concierge support team called Connect.

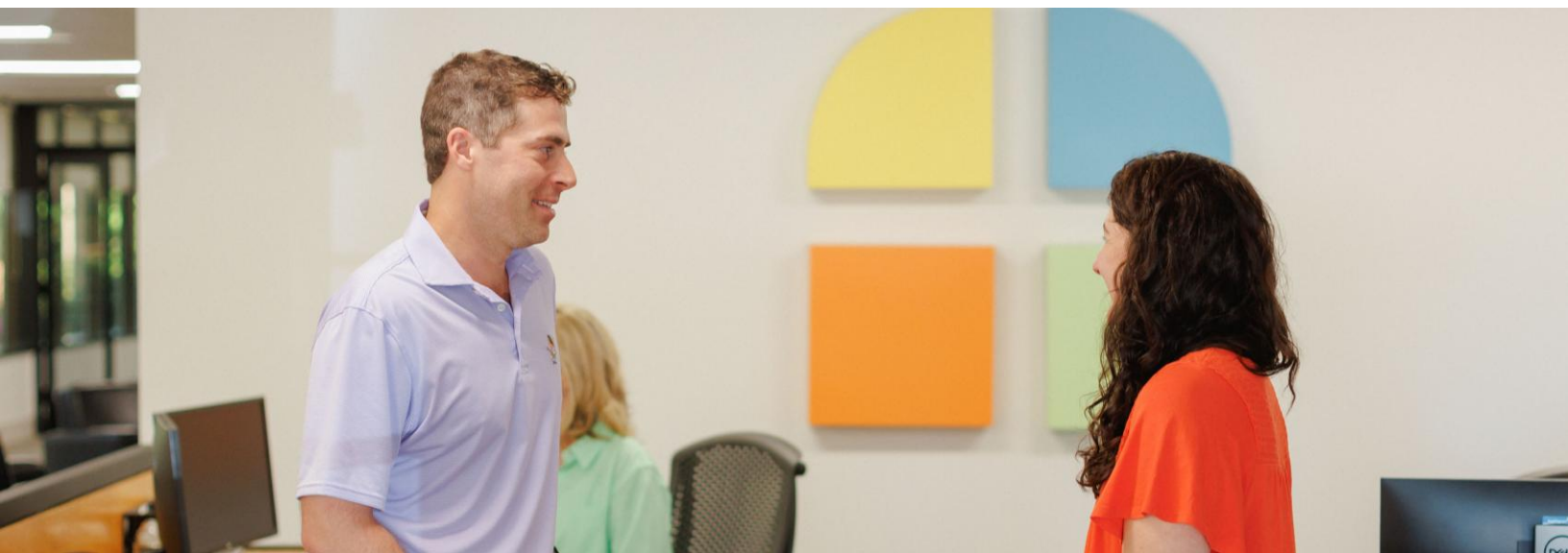
The Healthgram Connect team is here to help you better manage your healthcare needs:

- Find the right doctor, hospital, and facility for you or your family members
- Resolve claim inquiries and billing questions
- Ensure your providers are in-network
- Understand your benefits and answer questions about coverage
- Estimate medical costs and in some cases, help you save money
- Stay healthy by connecting you with in-house health coaches and nurses

Three ways to contact Healthgram Connect:

Call **866.904.9081**
Chat **members.healthgram.com**
Email **askConnect@healthgram.com**

We're here for you!



An Easy Way to Save and Earn Cash Rewards

Save Money, Get Rewarded

Did you know? Employees can save money on healthcare costs and earn cash rewards by visiting fair price providers for select services.

Finding a fair price provider is easy! Before any planned medical procedures, call your Connect team to see if you qualify for rewards and discuss your provider options. You can save money and earn rewards simply by visiting a fair price providers for the following services.

Eligible Services

\$100 Reward	Colonoscopy Endoscopy (Upper GI) Knee Arthroscopy Shoulder Arthroscopy
\$50 Reward	Removal of Adenoids Sleep Study Tonsillectomy Cataract Surgery Cholecystectomy (laparoscopic) Ear Tube Placement Heart Perfusion Imaging Lithotripsy
\$25 Reward	Most CTs Most MRIs Transthoracic Echocardiogram (TTE) Transthoracic Echocardiogram (TTE) – with Doppler

No Hassle, Just Rewards

With Healthgram Connect, it's easy to save money and get rewards.

No forms are needed to receive your reward. Just call Connect before any planned medical procedure to know if you are eligible for rewards. Your covered family members can also earn rewards! Rewards are processed quarterly and sent right to your home.

Start Earning Rewards

Call: 1.866.904.9081

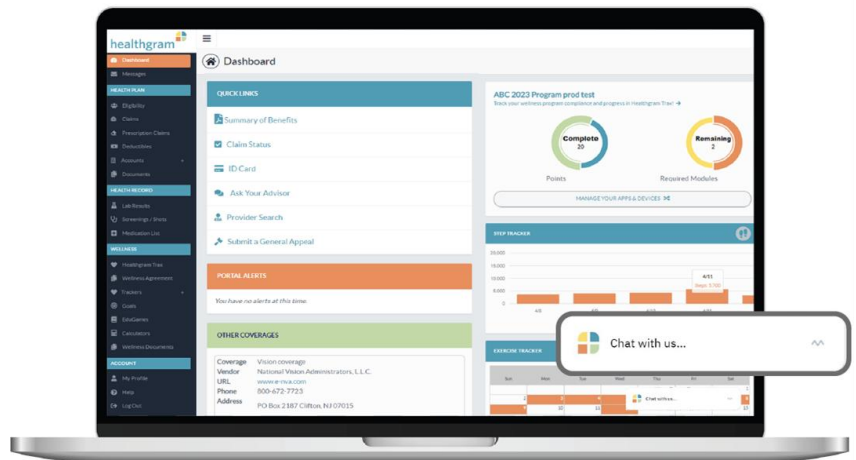
Chat: members.healthgram.com

Email: askConnect@healthgram.com

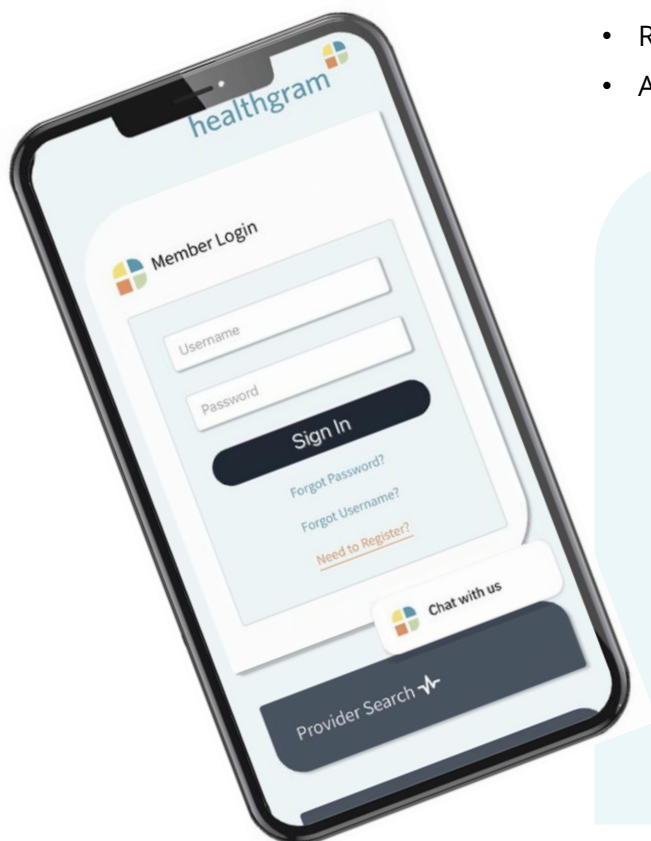
Healthgram Member Portal: Your One-Stop Healthcare Resource

Managing your health benefits has never been easier. Visit your online **Member Portal** from your desktop, tablet, or mobile device.

- View your claims, EOBs, and plan documents
- Digital ID card
- Search for an in-network provider
- Healthcare Bluebook price transparency tool



- Access to your deductibles
- Chat or secure message your Healthgram support team
- Review your Personal Health Record
- And more!



Get Started Today!

1. Scan the QR code or visit members.healthgram.com

Click **Need to Register**

2. Provide the required information
3. Enter your username and password to log in



Explanation of Benefits (EOB)



PO Box 11088
Charlotte NC 28220

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

JANE R. DOE
123 MAIN STREET
ANYTOWN, ST 33333

Customer Service

Website: www.healthgram.com
Phone: (980) 201-3020

Participant Information

Group Name: ABC COMPANY
Group #: 123
Statement Date: 02/01/23
Employee: DOE, JANE R.
Employee ID: 999999999
Paid Date: 02/01/2023

Your cooperation is needed to stop fraud!
If these services were not rendered,
please contact Healthgram immediately at the Customer Service Number
indicated above.

Claim Summary

Claim Number	Patient Name	Total Charge	Not Covered Amount	Discount or Plan Reduction	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Payment Amount
01010101010101	DOE, JOHN J.	\$933.40	\$0.00	\$561.88	\$371.52	\$150.68	\$44.17	\$176.67
Totals		\$933.40	\$0.00	\$561.88	\$371.52	\$150.68	\$44.17	\$176.67

Claim: 01010101010101		Pat #: 11111111-1111		Employee:DOE, JANE R.			Employee ID:999999999			
Patient:DOE, JOHN J.		Pat ID: 999999999-S1		Provider:MEDICAL CARE			Provider #:888888888			
Dates of Service	Service Description	Total Charge	Not Covered Amount	Reason Codes	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Paid At	Payment Amount
01/08-01/08/2023	INJECTION	\$61.13	\$0.00	LD1	\$59.29	\$1.84	\$1.84	\$0.00	0%	\$0.00
01/08-01/08/2023	OTHER MED.	\$250.00	\$0.00	LD1	\$128.00	\$122.00	\$122.00	\$0.00	0%	\$0.00
01/09-01/09/2023	OTHER MED.	\$250.00	\$0.00	LD1, 014	\$128.00	\$122.00	\$26.84	\$19.03	80%	\$76.13
01/10-01/10/2023	OTHER MED.	\$250.00	\$0.00	LD1	\$128.00	\$122.00	\$0.00	\$24.40	80%	\$97.60
01/09-01/09/2023	INJECTION	\$61.13	\$0.00	LD1	\$59.29	\$1.84	\$0.00	\$0.37	80%	\$1.47
01/10-01/10/2023	INJECTION	\$61.14	\$0.00	LD1	\$59.30	\$1.84	\$0.00	\$0.37	80%	\$1.47
Column Totals		\$933.40	\$0.00		\$561.88	\$371.52	\$150.68	\$44.17		\$176.67
Other Credits or Adjustments										\$0.00
Total Net Payment										\$176.67
Payment to Employee:										\$0.00
Payment to Provider:										\$176.67
Estimated Patient Responsibility:										\$194.85

Reason Code Description

Code	Description
LD1	PAID PER THE NETWORK DISCOUNT RATE AGREEMENT
014	DEDUCTIBLE REACHED

Plan Status

Individual	Accumulator	Amount to Meet	Amount Met	Amount Remaining
JOHN J.	Individual In-Network Deductible	\$2,000.00	\$2,000.00	\$0.00
JOHN J.	Family In-Network Deductible	\$6,000.00	\$2,000.00	\$4,000.00

How to Read Your EOB

About Your EOB

An explanation of benefits (EOB) is a statement describing coverage and payments for medical services you or covered family members received. A provider files a claim for these services, Healthgram processes the claims, and an EOB is generated.

The EOB is not a bill. It simply explains how your benefits were applied to that particular claim and includes several details. This statement shows your responsibility (what you may owe) and how this amount was applied to your deductible or co-insurance.

How to Read Your EOB

The Claim Summary includes all medical claims that have been processed during the 15-day period indicated on the EOB. Each of the claims are broken down in the chart that follows.

1

2

3

4

5

6

7

8

Claim Summary

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Totals		\$933.40	\$0.00	\$561.88	\$371.52	\$150.68	\$44.17	\$176.67

Claim: 01010101010101

Pat #: 11111111-1111

Patient: DOE, JOHN J.

Pat ID: 999999999-S1

Employee: DOE, JANE R.

Provider: MEDICAL CARE

Employee ID: 999999999

Provider #: 888888888

Dates of Service	Service Description	Total Charge	Not Covered Amount	Reason Codes	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Paid At	Payment Amount	
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How to Read Your EOB

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Estimated Patient Responsibility:										\$194.85

Calculation Example

\$933.40 Total Charge
-\$0.00 Not Covered Amount
-\$561.88 Provider Discount

1 \$371.52 Allowed Amount

-\$150.68 Deductible Amount
-\$44.17 Co-pay/co-ins

2 \$176.67 Payment to Provider

\$371.52 Allowed Amount
-\$176.67 Payment Amount

3 \$194.85 Estimated patient responsibility

Claims are processed upon receipt from provider. The timing of claim submission may result in service dates spanning across multiple EOBs. Charges can vary by provider and place of service. Healthgram processes the claims based on the benefits described in your Summary Plan Description (SPD), including the percentage the Plan pays and the member's responsibility (deductible, co-pays, etc.).

Your EOB should line up with statements from your provider. Upon receipt, review your EOB closely. Contact [Healthgram](#) if you have questions.

You can access your **EOBs**, view your deductibles and **SPDs, ID cards** and may other tools through your **Member Portal** at members.healthgram.com.

Questions? [Chat at members.Healthgram.com](#)

Talk the Talk

The Healthcare Terms You Need to Know

CO-INSURANCE

The portion of medical expenses for which you are responsible after you have met your deductible. For example if your co-insurance is 20 percent, then insurance will pay 80 percent of covered expenses after you have met your deductible. You will be responsible for the remaining 20% until you reach our out-of-pocket maximum.

CO-PAY

A fee paid at the time of service.

DEDUCTIBLE

The amount you must pay each year for healthcare services before insurance begins paying. For example, if your deductible is \$1,000, you must pay for the first \$1,000 of your medical services before your insurance will begin covering the costs. Deductibles vary widely depending on your company's benefits.

EXPLANATION OF BENEFITS (EOB)

A statement provided by insurance companies that outlines charges, coverage, and payments for a particular medical visit or procedure. These receipts let you know what you were charged, what insurance paid, and what you owe.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Plans that offer lower premiums with higher deductibles. In many cases, an HDHP requires employees to pay a higher rate for each medical service received until they reach a deductible set by the employer. After the deductible is met, the plan pays a designated percentage of covered charges. These plans are often linked to health savings accounts (HSAs).

IN-NETWORK

Providers and facilities that are approved by your insurance company's network. Your network has negotiated discounts with these providers, so charges in-network should always be lower than those out-of-network. Your company's benefits will also be more cost effective for you if an in-network provider is used.

OUT-OF-NETWORK

Providers and facilities NOT contracted with your network are deemed out-of-network. Using an out-of-network provider or facility will most likely result in higher charges, lesser benefits, and potential balance-billing.

OUT-OF-POCKET MAXIMUM

The most you will pay for medical expenses in a given year. For example, if your maximum out-of-pocket is \$7,500, all covered charges after that should be paid by insurance at 100%. These vary by plan.

PRECERTIFICATION

The approval that's required before certain medical procedures. The review and approval process helps ensure that you receive the best and most effective care possible.

PREMIUM

This is the amount you pay each month for your insurance. Your premium is usually deducted from your paycheck.

We're here for you.

Whenever you need help making sense of your medical benefits, have a question, or want to compare costs, give our support team a call.

Call 866.904.9081

Chat members.healthgram.com

Email askConnect@healthgram.com

