



Aeries Software

1/1/2026 – 12/31/2026

DIFFERENCE CARD OPEN ENROLLMENT

Better benefits. Better price.



Why Did my Employer Choose The Difference Card?

Twenty+ years in the industry.

Over a quarter million members nationwide.

Our goal is to help lower health insurance costs while providing better benefits.

Insurance costs are consistently on the rise. Your employer has partnered with us to help by offering better benefits and controlling costs.

The Difference Card and your insurance carrier are not affiliated. The Difference Card is used in addition to your health insurance plan.



What to know about your Difference Card Mastercard



- ▶ You and your spouse will receive a Difference Card MasterCard in your own name.
- ▶ The card is mailed to you or your spouses' address in our system.
- ▶ Dependents are linked to you and your spouses' cards.
- ▶ If you have dependents 18+ you may call our Member Service Team to request a card for them.
- ▶ For all plans except the Low Plan
- ▶ Also accessible on your Difference Card will be your HSA funds.



Your Summary of Benefits
















Understanding your benefits:

- **Cigna Benefits** – your health insurance carrier benefit
- **Difference Card Pays** – this is what is covered by your employer
- **You Pay** – the remaining amount you are responsible for
- **Please reference** the bottom left corner of your summary for your claim submission deadline.

Symbol Key:



Submit claim via mobile app, online, portal, mail or fax. You will be reimbursed within 48 hours.

<div>The Difference Card</div> <div>SUMMARY OF BENEFITS</div>			
Aeries Software		CIGNA OAPIN	1/1/2026 to 12/31/2026
Low Plan HSA			
<div>Submit a claim for reimbursement with EOB for payment.</div>			
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CIGNA BENEFIT
PHYSICIAN SERVICES			
<div>Primary Care Office Visit Copay</div>	Deductible	Remaining Deductible	Deductible
<div>Specialist Office Visit Copay</div>	Deductible	Remaining Deductible	Deductible
Preventive Care / Screening / Immunization		No Charge	
<div>Urgent Care</div>	Deductible	Remaining Deductible	Deductible
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
<div>Prescription Individual Deductible</div>	Deductible	Remaining Deductible	Integrates w/ Medical Deductible
<div>Prescription Family Deductible</div>			
Retail Prescriptions	AD: \$10/\$30/\$50/20%	\$0	AD: \$10/\$30/\$50/20%
Mail Order Prescriptions	\$25/\$75/\$125/20%	\$0	\$25/\$75/\$125/20%
DIAGNOSTIC PROCEDURES			
<div>Diagnostic Test- Lab Bloodwork</div>	Deductible	Remaining Deductible	Deductible
<div>Diagnostic Test X-Ray</div>	Deductible	Remaining Deductible	Deductible
<div>Complex Imaging (CT/Pet Scans, MRIs)</div>	Deductible	Remaining Deductible	Deductible
HOSPITAL SERVICES			
<div>Emergency Room Care</div>	Deductible	Remaining Deductible	Deductible
<div>Outpatient Surgery</div>	Deductible	Remaining Deductible	Deductible
<div>Inpatient Hospital</div>	Deductible	Remaining Deductible	Deductible
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	Yes		Yes
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Individual Accumulation		Individual Accumulation
<div>In-Network Individual Deductible</div>	First \$3,500	Last \$5,000	\$8,500
<div>In-Network Family Deductible</div>	First \$7,000	Last \$10,000	\$17,000

Explanation of Benefits

- ▶ Often referred to as an EOB
- ▶ An EOB is a statement from your health insurance plan describing what costs it will cover for medical care or products you've received.
- ▶ You can obtain EOBs and/or your deductible tracker on the insurance carrier's website by logging in to your profile.

Service Center
Address
City, State, ZIP Code
Phone: 1-888-888-8888

Date

Have more questions about your claim?
Visit (name of member website)
for all your claim and benefit information.

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Account Summary

Summary of Deductible and Out of Pocket
Plan Year 2021

JOHN

Relationship: EE	Total Plan Year Amount	(-) Applied to (*) Date	Remaining Balance
In-Network			
Deductible	\$750.00	\$750.00	Met
Out of Pocket	\$2,500.00	\$770.00	\$1,730.00
Out-of-Network			
Deductible	\$1,500.00	\$0.00	\$1,500.00
Out of Pocket	\$5,500.00	\$0.00	\$5,500.00

FAMILY

	Total Plan Year Amount	(-) Applied to (*) Date	Remaining Balance
In-Network			
Deductible	\$2,500.00	\$900.00	\$1,600.00
Out of Pocket	\$5,750.00	\$1,000.00	\$4,750.00
Out-of-Network			
Deductible	\$4,500.00	\$0.00	\$4,500.00
Out of Pocket	\$8,000.00	\$0.00	\$8,000.00

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Definitions of Key Terms

Amount Allowed: Maximum amount on which benefits are based for covered services.

Amount You Owe: The amount of money you pay for the services you receive.

Coinurance: Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service.

Deductible: The amount you could owe during a coverage period for services your health plan benefit covers before your plan begins to pay.

Out of Pocket: The most money you have to pay for covered expenses in a plan year or policy period.

Plan Year: The time period the benefit maximums apply.

Amount Billed: The amount your provider charged for services provided to you.

Applied to Date: The total amount applied to your deductible or out of pocket maximum on the date the claim(s) was processed.

Copay: A fixed amount you pay for a covered health care service, usually when you receive the service or fill a prescription.

Non-Covered: A service or expense that you do not have coverage for under your health benefit plan.

Plan Discounts: Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.

Your Plan Paid: The money your health benefit plan paid.

Use this EOB statement as a reference or retain as needed.

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Account Summary

Year-to-date deductible and maximum amounts for you and your covered dependents.

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Definitions

Key terms used to explain your claim.



All Medical and RX Services

Manual claim submission needed!



Step 1

- Present insurance card, if requested, at your medical provider.



Step 2

- After your service, the provider bills insurance where your EOB will be generated.



Step 3

- Submit Explanation of Benefits (EOB) to The Difference Card where your claim(s) will be processed within 2-3 business days.



Step 4

- If a reimbursement is due, the funds you receive should be used to assist in paying for that service(s).



Your Summary of Benefits

The Summary is divided into 4 Parts:

Type of Visit

You Pay = Remaining Charges.

Difference Card Pays (employer funded)

Your Mid Plan

Symbol Key:



Swipe your card for the amount in the Difference Card Pays column.

The Difference Card

SUMMARY OF BENEFITS

Aeries Software

CIGNA OAPIN

1/1/2026

to

12/31/2026

Mid Plan

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

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CIGNA BENEFIT
PHYSICIAN SERVICES			
<div><div></div>Primary Care Office Visit Copay</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div>Specialist Office Visit Copay</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
Preventive Care / Screening / Immunization	No Charge		
<div><div></div>Urgent Care</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
<div><div></div>Prescription Individual Deductible</div>	Remaining Costs	First \$4,000/\$8,000	Integrates w/Medical Deductible
<div><div></div>Prescription Family Deductible</div>			AD: \$10/\$30/\$50/20%
<div><div></div>Retail Prescriptions</div>			\$25/\$75/\$125/20%
<div><div></div>Mail Order Prescriptions</div>			
DIAGNOSTIC PROCEDURES			
<div><div></div>Diagnostic Test- Lab Bloodwork</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div>Diagnostic Test X-Ray</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div>Complex Imaging (CT/Pet Scans, MRIs)</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
HOSPITAL SERVICES			
<div><div></div>Emergency Room Care</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div>Outpatient Surgery</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
<div><div></div>Inpatient Hospital</div>	Remaining Costs	First \$4,000/\$8,000	Deductible
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		Yes
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		Individual Accumulation
<div><div></div>In-Network Individual Deductible</div>	Last \$4,500	First \$4,000	\$8,500
<div><div></div>In-Network Family Deductible</div>	Last \$9,000	First \$8,000	\$17,000

Your Summary of Benefits

The Summary is divided into 4 Parts:

Type of Visit

You Pay = Remaining Charges.





















Difference Card Pays (employer funded)

Your High Plan

Symbol Key:



Swipe your card for the amount in the Difference Card Pays column.

 The Difference Card		SUMMARY OF BENEFITS	
Aeries Software		CIGNA OAP High Plan	1/1/2026 to 12/31/2026
	Swipe card for benefit listed under the "Difference Card Pays" column.		Submit a claim for reimbursement with EOB for payment.
TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	CIGNA BENEFIT
PHYSICIAN SERVICES			
 Primary Care Office Visit Copay	Remaining Costs	First \$5,500/\$11,000	Deductible
 Specialist Office Visit Copay	Remaining Costs	First \$5,500/\$11,000	Deductible
Preventive Care / Screening / Immunization		No Charge	
 Urgent Care	Remaining Costs	First \$5,500/\$11,000	Deductible
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
 Prescription Individual Deductible	Remaining Costs	First \$5,500/\$11,000	Integrates w/ Medical Deductible
 Prescription Family Deductible			
 Retail Prescriptions			AD: \$10/\$30/\$50/20%
 Mail Order Prescriptions			\$25/\$75/\$125/20%
DIAGNOSTIC PROCEDURES			
 Diagnostic Test- Lab Bloodwork	Remaining Costs	First \$5,500/\$11,000	Deductible
 Diagnostic Test X-Ray	Remaining Costs	First \$5,500/\$11,000	Deductible
 Complex Imaging (CT/Pet Scans, MRIs)	Remaining Costs	First \$5,500/\$11,000	Deductible
HOSPITAL SERVICES			
 Emergency Room Care	Remaining Costs	First \$5,500/\$11,000	Deductible
 Outpatient Surgery	Remaining Costs	First \$5,500/\$11,000	Deductible
 Inpatient Hospital	Remaining Costs	First \$5,500/\$11,000	Deductible
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		Yes
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		Individual Accumulation
 In-Network Individual Deductible	Last \$3,000	First \$5,500	\$8,500
 In-Network Family Deductible	Last \$6,000	First \$11,000	\$17,000
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
 Out-of-Network Individual Deductible	First \$10,500	Last \$6,500	\$17,000
 Out-of-Network Family Deductible	First \$21,000	Last \$13,000	\$34,000
Out-of-Network Individual Coinsurance Limit	\$17,000	\$0	50% to \$17,000
Out-of-Network Family Coinsurance Limit	\$34,000	\$0	50% to \$34,000

Medical & Pharmacy Deductible

Pay costs due with your **Difference Card!**



Step 1

- To ensure you will be billed correctly, present your insurance card at your medical provider or pharmacy.



Step 2

- The provider will coordinate with insurance on your benefits
- (If pharmacy, skip to step 4.)



Step 3

- You will receive your providers' invoice and insurance carrier EOB in the following weeks showing amount due for services received.



Step 4

- Use your Difference Card MasterCard as payment for only the amount due for the services rendered.*

**Please note: You may be requested to submit substantiation to validate your medical swipe.*

Upfront payment requests

Explain to your provider that you have a deductible, and they need to bill insurance first

If they are still insisting don't panic, call the Member Services number located on your Difference Card MasterCard.

Advise The Difference Card representative you are being asked for a payment upfront.

The Difference Card will work directly with your provider with the goal of ensuring provider submits claim through insurance.

Please note: Medical copays are not recognized as upfront payments





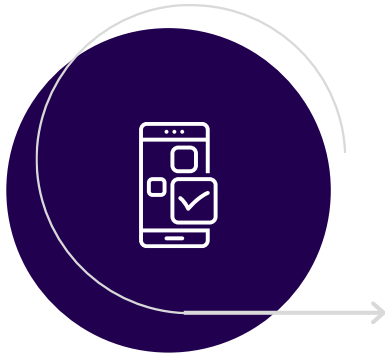
Prescriptions Integrated with Medical Deductibles

Then:	Now:
Co-pay/Tier Structure	Your carrier and your pharmacy have worked out a cost
Set amount each time you purchase	Looks like a higher cost
Pay out of your own pocket	Funded in part by your employer and The Difference Card
Only contributes to your out of pocket max	Contributes to your overall deductible

*** For more information, please refer to your summary of benefits**

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
to login to your
account and submit a
claim.



MAIL

Mail your claim
PO Box 322
Mt Kisco NY 10549
*Make sure to include a claim
form.



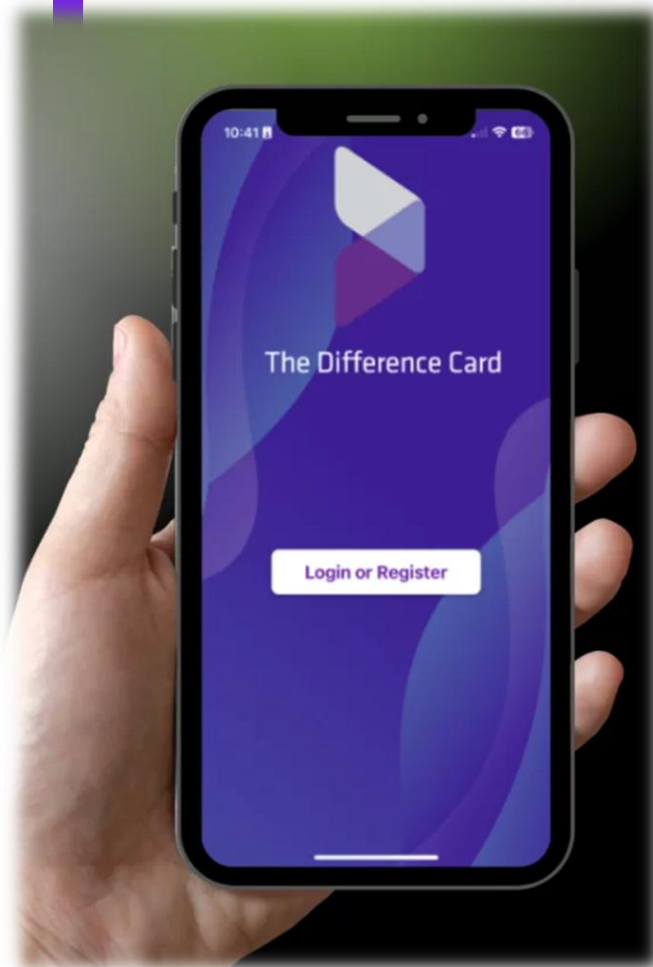
FAX

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 Mobile App to register your account and get started.

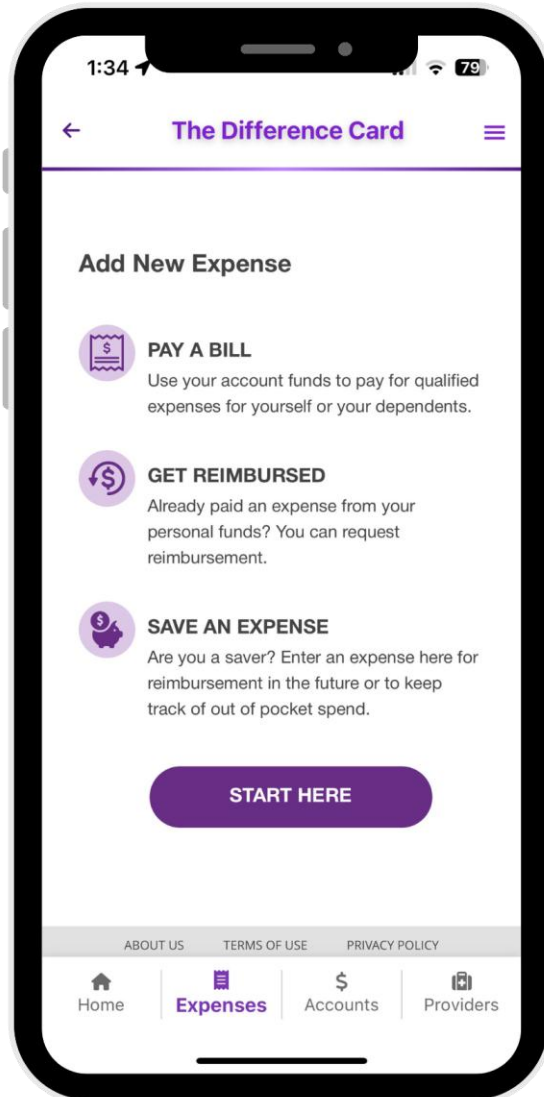


Online

Or, create your account online at DifferenceCard.com



Difference Card Mobile App



Mobile App Features

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

To download, simply go to your phone's app store and search for 'DC Smart Mobile'. Make sure to look out for our logo for the correct app!



Direct Deposit

The fastest way to get your money.

Sign up in the Mobile App or Online to get your employer funding direct deposited.

Reimbursement Method

☐ Check ☒ Direct Deposit

Bank Name * Bank of America

Account * *****9345

Re-enter Account *

Account Routing * *****0020

Re-enter Routing *

Bank Account Type Checking

Account Status Active

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. *

Check example

Name _____ Address _____ Date _____

Pay to the order of: _____

Your bank

Routing Number 23456789123 Check # Account Number

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.

Validating your Account

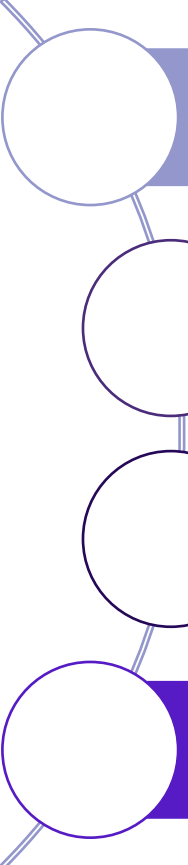
Step 1: Enter your direct deposit information on the Difference Card portal

Step 2: 24 hours later, check your bank account for 3 micro transactions (2 deposits, 1 withdrawal from M&I Bank)

Step 3: Log in to the Difference Card portal to enter the 3 amounts for validation.

Health Savings Account

A Health Savings Account (HSA) offers you a tax-advantaged way to pay for healthcare and encourages you to save for out-of-pocket expenses. You must be covered by a high-deductible health plan to be able to take advantage of an HSA



Triple tax savings: contributions are tax free, the HSA balance earns interest tax free & qualified distributions come out of the account tax free.

You can invest your HSA dollars, similar to a 401K

Portable – your account can go with you!

Funds available according to Pay Schedule





HSA limits and requirements 2026

HSA deductibles run on a calendar year schedule

*Contribution Limit:	Individual: \$4,400	Family: \$8,750
High-Deductible Health Plan Deductible	Individual: \$1,700	Family: \$3,400
Out of Pocket Maximum	Individual: \$8,500	Family: \$17,000
Contribution Deadline	Tax Day of the following year	
HSA investment minimum	<ul style="list-style-type: none">• \$1000- Start looking the HSA Investment Options: <u>click here</u> to view The fund list	

*Account holders who are 55 or older are allowed to make an additional \$1,000 contribution each year.

Consolidating your HSA accounts with the Difference Card

Transfers of Assets

(Transfer In)

Previous HSA
Administrator



The Difference
Card HSA

- Multiple transfers/year
- Set timeline expectations 4-8 weeks
- HSA account needs to be Active

Rollover Contribution

Previous HSA
Administrator



Member



The Difference Card HSA

- Eligible 1 rollover/year
- 60 Days to deposit funds into HSA Custodian
- Pay ordinary incomes taxes + a 20% penalty if not received by 60 days





Monday - Friday

8:00 AM - 11:00 PM ET

7:00AM – 10:00PM CT

6:00AM – 9:00PM MST

5:00 AM - 8:00 PM PT

How to reach us:



888.343.2110



Visit differencecard.com to chat with a representative during our business hours.

When to Call Member Services

- ▶ Requesting a new card
- ▶ Assistance with your online or mobile app account
- ▶ Direct Deposit assistance
- ▶ Claim questions
- ▶ For a review of your employer funded benefit





The Difference Card

Questions? Thank You

DifferenceCard.com

Glossary

DEDUCTIBLE - The amount you pay for covered health care services before your insurance plan starts to pay.

COINSURANCE - The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

COPAYS/COPAYMENTS - A copay or copayment is a fixed amount for a covered service, paid by a patient to the provider of service before receiving the service. Most copays can be found on your insurance card.

EXPLANATION OF BENEFITS (EOB)/INSURANCE STATEMENT - a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

