

## Garner FAQs

### What is Garner?

Garner is a free healthcare benefit for those enrolled in the PAISBOA Health Benefit Trust's (HBT) PPO, High-deductible, or EPO medical plan\* that helps you find the best providers in your area and reimburses you for your out-of-pocket medical costs. Doctor rankings are based on real patient outcomes, using one of the nation's largest medical databases and revolutionary analytics.

### About Garner

#### **Is Garner my health insurance?**

No. Garner is not your health insurance. It is an additional benefit that complements your health insurance plan by helping you connect with in-network providers who offer quality care, have availability, and deliver optimal patient outcomes. By choosing these Top Providers, you not only ensure top-notch care but also become eligible for reimbursement of qualifying out-of-pocket medical costs.

#### **If I create an account, am I obligated to see Garner's Top Providers?**

No. While we encourage you to see Top Providers to ensure you are receiving the best care, you have the choice to receive care from a doctor who is not a Top Provider. Out-of-pocket costs from these doctors will not qualify for reimbursement.

#### **Why did the PAISBOA Health Benefit Trust add Garner to my plan?**

The PAISBOA HBT cares about your health. To help you find the best care, they pay for you to have the Garner benefit. High quality care lowers healthcare costs—patients who see Top Providers will generally pay less in the long run and be healthier. Garner helps the PAISBOA HBT pass these savings along to you through an innovative health reimbursement arrangement (HRA)—get paid to see the best providers and stay healthy. It's a win-win for everyone involved.

#### **Can my family use my Garner benefit?**

Any dependent enrolled in a PAISBOA HBT PPO, High-deductible, or EPO health insurance plan is eligible to use Garner to find Top Providers and can be reimbursed for qualifying out-of-pocket medical costs. Your family only needs one account, but any dependent aged 18 or older is welcome to create their own account. Reimbursement checks will be mailed to the primary member who holds the health insurance plan.

#### **How do I see more details about my Garner benefit?**

You can log in to your Garner account and view more details [here](#).

### **How do I use the app in Spanish?**

To use the app in Spanish, log into your Garner account and navigate to your account settings [here](#). Under the “Language” section, choose “Spanish” from the drop-down menu.

## Finding Top Providers

### **What is a Top Provider?**

Garner identifies Top Providers by analyzing one of the largest medical claims databases in the U.S.—that’s more than 60 billion medical claims representing more than 310 million patients. They are highlighted in the Garner Health app with a green Top Provider badge and represent the best available providers near you who are in your network and have appointment availability.

### **Are Top Providers in-network with my health insurance plan?**

We try our best to recommend Top Providers that are in-network with your health insurance plan. Since insurance companies change their networks regularly, we always recommend verifying with your health plan that a provider is still in-network on or before the day of service.

### **How do I find and add Top Providers to my Care Team?**

In the Garner app, you can search for providers by symptom, name, or ZIP code. Look for the Top Provider badge – only these providers are eligible for your Garner benefit.

### **How to Add a Provider to Your Care Team:**

- Click “Find Care” in the navigation bar.
- Use the search bar to enter a provider’s name, specialty, condition, or procedure, then click “Find Providers.”
- In the search results, select a provider with the green Top Provider badge to view their profile.
- Click “Add to Care Team.” A red heart will fill in to confirm the provider has been successfully added.

*Please note: To be eligible for reimbursement of out-of-pocket costs, the provider must be in-network, added to your Care Team before your appointment, and the services must be covered by your health insurance.*

### **Where can I view my Care Team?**

To view your Care Team, please [log into your Garner account](#) and select “Care Team” from the navigation bar.

### **Do I need to add my providers to my Care Team every year?**

No. Your list of providers on your Care Team will carry over each year.

### **Do the Garner Top Provider rankings ever change?**

Yes, Garner Top Provider rankings can change. Garner Top Provider recommendations are updated monthly based on the latest data. However, if a member has previously added a Garner Top Provider to their Care Team, any recommendation updates will not affect the provider's approved status for that individual member and their dependents.

**Are all providers at the same practice, medical center or physician group approved for the Garner benefit?**

No. Garner evaluates the performance of individual providers, not entire medical centers or hospitals. Use the Garner Health app to search for specific providers by name to see if they are a Top Provider and approved for your Garner benefit.

**What if I see a mid-level provider, such as a nurse practitioner or physician's assistant, instead of my approved provider?**

If you have an appointment with a Top Provider or an approved primary care physician, and a nurse practitioner in their practice sees you instead, the costs from that visit will qualify for reimbursement.

*To ensure your claim is processed quickly, please ensure your **primary doctor** is added to your Care Team **before** your date of service. If you saw a nurse practitioner during that visit, simply message the Concierge through the Garner app to have them added to your Care Team. Garner will backdate the approval to match your doctor's original date.*

**What if a colleague recommends a Top Provider they found through Garner? Do I still need to add that provider to my Care Team?**

Yes. Even if your colleague found the Top Provider through Garner, you must search for that provider using your Garner account and add them to your Care Team before you receive care from them.

**How do I know whether the specialist I have been seeing will be approved for my Garner benefit?**

Search for your specialist by entering their name and zip code in the Garner app. If your specialist has a Top Provider badge, qualifying out-of-pocket medical costs from services performed or ordered by that specialist are eligible for reimbursement on or after the date you add them to your Care Team. If your specialist is not an approved provider, you can still choose to receive care from them, but those out-of-pocket medical costs will not qualify for reimbursement.

**What if an approved provider from my Care Team recommends I see a specialist?**

All new providers, including specialists, **MUST** be Top Providers to qualify for the Garner benefit. Specialists must be added to your Care Team before the date of service. **Example:** If your primary care provider recommends seeing a GI specialist for stomach pain, you must:

- Search in the Garner app to confirm the specialist is a Top Provider.

- If they are, be sure to add them to your Care Team before your appointment.

### **Why isn't my current doctor covered by Garner?**

We understand it can be disappointing if your current doctor isn't covered by Garner. Our mission is to help you access high-quality care while reducing your out-of-pocket costs.

*How Garner selects Top Providers:* Garner's doctor recommendations are based on real patient outcomes to help you find the best doctors near you. Our recommendations go far beyond patient reviews. We look at billions of claims to understand the specifics of how doctors provide care.

Doctors can't pay to show up in our recommendations. Garner is an objective third party that selects Garner Top Providers based on doctors who:

- Follow current medical guidelines
- Avoid unnecessary procedures
- Charge fair prices for their services
- Help patients recover faster

Garner Top Providers are the best doctors in each specialty and region of the country. Garner always looks for the best doctor option in your region, and accounts for the number of doctors available in your neighborhood.

*How Garner evaluates providers:* Garner assesses each provider based on specific metrics related to their specialties, such as:

- **Complication rate:** Measure a provider's complication rates.
- **Invasive procedure rate:** Determine if a provider performs more invasive procedures only when necessary.
- **Follows current medical guidelines:** Evaluate if a provider recommends optimal treatment according to medical guidelines.

If your doctor isn't listed as a Top Provider, it doesn't mean they aren't a good provider – it simply means they haven't met Garner's criteria at this time. If you choose to continue seeing your current doctor, we respect your decision. However, please note that visits with non-Top Providers are not eligible for Garner reimbursement.

We encourage you to consider a second opinion from a Garner Top Provider to ensure you're receiving the best possible care. You can always return to the Garner app to search for new doctors and get reimbursed for future care that meets eligibility requirements.

*If you are currently seeing a provider for a critical or ongoing care need, please reach out to Garner Concierge through the Garner app or email us at [concierge@getgarner.com](mailto:concierge@getgarner.com).*

## Qualifying Costs

### **What qualifying out-of-pocket medical costs will be reimbursed?**

Garner reimburses qualifying out-of-pocket medical costs that include office visits, lab work, imaging and procedures ordered or administered by providers who were added to your Care Team before your appointment. Your out-of-pocket medical costs will qualify for reimbursement if:

- You have created a Garner account and added the provider to your Care Team before the date of service.
- Your provider is in-network and the cost was covered by your health insurance plan.
- The type of cost qualifies for reimbursement under your Garner plan.

### **When are services from facilities such as labs and imaging eligible for reimbursement?**

- **When a Top Provider orders lab work or imaging:** The associated out-of-pocket costs automatically qualify for reimbursement if:
  - The Top Provider was added to your Care Team before the date of service.
  - The facility is in-network, and the services are covered by your health insurance plan. (You do not need to search for the facility in the Garner Health app.)

### **Can I get reimbursed for ancillary providers that I can't select, such as an anesthesiologist who assists with surgery?**

Yes. Your Garner benefit will reimburse all qualifying out-of-pocket medical costs if:

- The approved provider is added to your Care Team before your appointment.
- The Top Provider is ordering or is primarily performing the service.
- The service is in-network with your health insurance plan.

### **Does Garner reimburse out-of-pocket costs for dental and vision care?**

Garner works with your medical insurance, which generally does not cover dental or vision services. Garner may reimburse qualifying out-of-pocket medical costs for procedures such as oral surgery, but only if the claim for that service is processed by your medical insurance plan.

### **If I don't use my PAISBOA HBT health insurance plan to pay for procedures, can I still get reimbursed by Garner?**

No. Garner reimbursement occurs after costs are processed by the PAISBOA HBT health insurance plan. Your health insurance plan must cover qualifying medical care and you must submit your out-of-pocket expenses to your insurance company for them to be eligible for reimbursement.

### **Can I be reimbursed for prescriptions?**

Out-of-pocket costs for prescriptions qualify for reimbursement when all of the following conditions are met:

1. An approved provider is the prescriber
2. Your provider is added to your list of approved providers prior to the day the prescription is filled
3. The prescription is covered by your health plan

Prescriptions **will not be reimbursed** by Garner if you:

- Pay without using your insurance
- Purchased your prescription using a discount program such as GoodRx, SingleCare, or WellRx

## Reimbursement Process

### How does reimbursement work?

When you receive care from a Top Provider who was added to your Care Team before your appointment, pay your upfront costs as usual. Garner has access to your insurance plan's claims. After your health insurance company processes the claim, Garner will reimburse your qualifying out-of-pocket medical costs.

### How will my reimbursement arrive?

You have two options for receiving reimbursement:

- **Recommended - Direct Deposit:** You can set up direct deposit for faster and more secure reimbursement. It typically takes **5-6 weeks** to receive reimbursement after the service takes place.
- **Reimbursement Check:** If you do not set up direct deposit, a reimbursement check will be sent to the mailing address the primary member has on file with their employer, arriving in about **6-8 weeks**.

### What do I need to do to be reimbursed?

Most of the time, you don't need to do anything—reimbursement is automatic! However, if you have a medical claim over \$2,000 or a prescription claim over \$900, a member of the Concierge team will reach out to confirm your details before sending your reimbursement.

## HSA and FSA Process

### What if I'm enrolled in a plan with an HSA?

An HSA is a Health Savings Account. Two main IRS rules apply:

- If your plan is a High-Deductible Health Insurance Plan (HDHP) paired with an HSA, you are required to spend a minimum amount toward your health insurance deductible

before you can utilize your Garner HRA. Check the “Your benefit” page in the Garner Health app for more detailed information.

- You may not request reimbursement from your Garner HRA for any out-of-pocket cost you have already paid for using funds from your HSA (prohibited “double dipping”).

### **How does Garner work with an HSA?**

If you have an HSA paired with a HDHP, you must first spend the minimum amount toward your health insurance deductible. Once you have spent that amount, you can use the Garner Health Reimbursement Arrangement (HRA).

- In 2026, the out-of-pocket spending requirements are: \$1,700 for individuals or \$3,400 for families.
- Once you have spent this amount, Garner will start issuing reimbursement checks for qualifying out-of-pocket medical costs.

### **What if I have an FSA?**

You may not be reimbursed by the Garner HRA for an out-of-pocket medical cost that will also be paid using your FSA (prohibited “double-dipping”). We recommend you use and exhaust your Garner funds before using your FSA.

### **What if I accidentally “double-dip” into my HSA or FSA?**

If Garner confirms that reimbursement was issued for a claim already paid with HSA or FSA funds, and the payment has been received, Garner will reach out to request repayment for that amount. Once repayment is received, the amount will be credited back to your remaining Garner benefit.

## Concierge Support

### **What is the Garner Concierge?**

The Garner Concierge is a group of professionals dedicated to answering your questions and helping you find the best care for you and your family.

### **How do I contact the Garner Concierge?**

You can message through the Garner Health mobile app or email [concierge@getgarner.com](mailto:concierge@getgarner.com). Concierge hours of operation are Mon-Fri 8 a.m. to 10 p.m. ET. Se habla español.

\*Plan participants enrolled in a PAISBOA HBT HMO medical plan are not eligible to participate in Garner, as they benefit from built-in care coordination through their primary care physician.