

Getting Started

Q. How can I enroll in Garner?

A. Employees can create a Garner account at any time. The sooner you sign up, the sooner you can take advantage of the Garner program and financial incentives. Visit the app store, GetGarner.com or use the QR Code. You can also contact the Garner Concierge service to enroll in the program, find top-performing providers and for program assistance.



Provider Questions

Q. Can I add my current doctors or PCP?

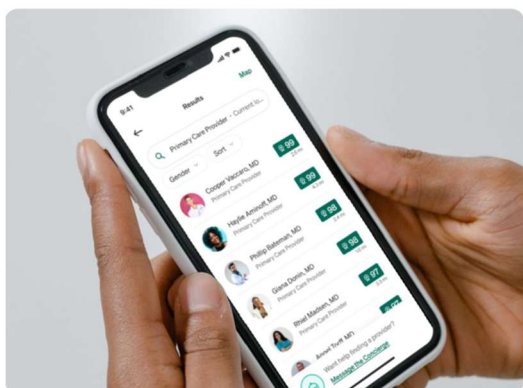
A. Members can add existing PCPs to their Garner account if they are in the Anthem network. Members simply need to search for the doctor and add the provider to their Garner account. There are 5 sub-specialties that Garner considers to be PCPs:

- Primary Care Doctors
- OBGYNs
- Mental Health Therapists
- Pediatricians
- Geriatricians

For expenses related to conditions that may be continuous care to be eligible for reimbursement, (a) the care must be covered currently by your major medical plan at in-network levels, and (b) you must notify the Garner Health concierge that you would like such care to be covered. If, and when, there is a break in the continuity of such care, you may be required to find a top-performing doctor to provide you with further care, or the related expenses will not be eligible for reimbursement under the HRA.

Q. How do I know if a provider is top performing in the Garner app?

A. There is a green badge on the app next to each top-performing doctor. The badge will show the top performer's "score".



Q. What happens if a provider is top-performing one year and then their status changes the following year?

A. Once a top-provider is added to a members list of providers, they will not be removed, even if they fall in the rankings.

Q. How often are Garner providers evaluated? Who evaluates providers?

A. 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 list of providers, any recommendation updates will not affect the provider's status for that individual member and their dependents.

Reimbursement Process

Q. Will claims prior to the Garner start date qualify for the incentive?

A. The Garner program effective date for Versiti employees is July 1, 2025. To begin maximizing your Garner program incentives and reimbursement process, create your Garner account and [navigate to the benefit section](#).

Your out-of-pocket medical costs will qualify for reimbursement if:

1. You have created a Garner account and added the provider to your list of approved providers prior to the date of service.
2. Your provider is in-network, and the cost was covered by your health insurance plan.
3. The type of cost qualifies for reimbursement under your Garner plan.

4. If your health insurance plan is paired with an HSA, you will need to incur costs greater than the minimum deductible.

Q. How does Garner work in cases of continuity of care?

A. If, prior to July 1, 2025 (the Garner program effective date), you were already receiving services for a specific medical condition from a health care provider, then the related medical expenses *may* be eligible for reimbursement. Examples of medical conditions that *may* qualify include: pregnancy for the duration of pregnancy and through six weeks post-delivery; newly-diagnosed or relapsed cancer and currently receiving chemotherapy, radiation therapy, or reconstruction; transplant candidates or transplant recipients in need of ongoing care; recent major surgeries in the acute phase and follow-up period; serious acute conditions in active treatment, such as heart attacks or strokes; other serious chronic conditions that require active treatment; treatment for terminal illness; and behavioral health and substance abuse care. Examples of conditions that *may not* qualify for this transitional treatment include: routine exams, vaccinations, and health assessments; chronic conditions that are stable; and minor illnesses. Please reach out to the Garner Concierge team for assistance in determining if your individual medical situation qualifies for continuity of care.

Q. What if I've already met my deductible for 2025?

A. Since you've already met your deductible for 2025, the Garner HRA will readily reimburse your qualifying costs (from July 1 forward) for care received from top-providers, no additional deductible applies. Your focus now is just on the HRA cap and submission process.

Q. How does Garner work when the Versiti medical plan is secondary medical coverage?

A. Garner will reimburse out of pocket costs associated with the Versiti plan. For example, if a claim processes through an outside benefit first (the primary coverage), then the Versiti plan, Garner will reimburse whatever the Versiti plan determined the member's responsibility is. Assuming the member is seeing a Garner top-performing provider they have added to their account prior to the date of service.