SBMA

# BENEFIT GUIDE

## ENROLL NOW!

**You are eligible for benefits under your employer's open enrollment effective August 1st or the first day of the month following 60 days from your date of hire.**

**ACCESS YOUR VIRTUAL ID CARD IN HEALTHWALLET**

**COVERAGE YOU NEED AT A PRICE YOU CAN AFFORD**

## MEDICAL COVERAGE

**EliteCare:** Covers all preventive services 100% and office visits, urgent care, labs, and x-rays offered at various copays. This plan also includes virtual health and prescription drug benefits.

## ANCILLARY COVERAGE

**Beazley Standard Package:** This supplemental insurance package provides specific benefit amounts for a limited number of days when you receive medical expenses for covered services incurred due to accident or sickness.

**Delta Dental 1000:** Coverage includes diagnostic and preventive services at 100%, basic and restorative services at 80% and major services at 50%. Out-of-network services are offered at 80%/50%/50% respectively. There is no coverage for orthodontia.

**VSP Vision:** Coverage includes comprehensive eye exams at a $10 copay, frame allowances, lenses at a $25 copay or contact lenses at an allowance or covered in full after copay depending on medical necessity.

# ENROLLMENT APPLICATION

SBMA

## EMPLOYEE INFORMATION

Name_____ Social Security Number_____

Employer_____ Hire Date_____

Birth Date_____ Sex ❑ Male ❑ Female

Address_____ Phone Number_____

City/State/Zip_____ Email_____

## DEPENDENT INFORMATION

Name_____ Name_____

Social Security Number_____ Social Security Number_____

Birth Date_____ Birth Date_____

❑ Male ❑ Female ❑ Spouse ❑ Child ❑ Male ❑ Female ❑ Spouse ❑ Child

Name_____ Name_____

Social Security Number_____ Social Security Number_____

Birth Date_____ Birth Date_____

❑ Male ❑ Female ❑ Spouse ❑ Child ❑ Male ❑ Female ❑ Spouse ❑ Child

## COVERAGE ELECTIONS

| Medical Election | | | | |
|---|---|---|---|---|
| Monthly Rates | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
| **EliteCare** | ❑ $150.00 | ❑ $300.00 | ❑ $300.00 | ❑ $450.00 |

| Ancillary Elections | | | | |
|---|---|---|---|---|
| Monthly Rates | Employee Only | Employee/Spouse | Employee/Child(ren) | Family |
| **Beazley Standard Package** | ❑ $45.00 | ❑ $90.00 | ❑ $90.00 | ❑ $135.00 |
| **Delta Dental 1000** | ❑ $44.04 | ❑ $88.41 | ❑ $83.06 | ❑ $133.94 |
| **VSP Vision** | ❑ $9.95 | ❑ $19.90 | ❑ $20.90 | ❑ $34.85 |

❑ waive coverage

## EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential Coverage (MEC) and Minimum Value (MV), for myself, and my eligible dependents. If electing coverage, I authorize my employer to make salary reductions for my portion of the insurance premiums. I understand that I may not make changes to my coverage elections until my employer's next open enrollment period or due to a qualifying event.

Signature_____ Date_____

# ELITECARE

| Medical Benefits | EliteCare |
|---|---|
| Preventive / Wellness | Covered 100% |
| Primary Care / Specialist Visits | $15 Copay |
| Urgent Care | $50 Copay |
| Laboratory Services / X-Rays | $50 Copay |
| Prescription Drugs | Tier 1: $15 Copay, Tier 2: $30 Copay<br>Tier 3: $50 Copay, Tier 4: $75 Copay |
| **Virtual Health Benefits** | **Recuro Health** |
| 24/7 Virtual Urgent Care | $0 Copay |
| Virtual Behavioral Health | $0 Copay |

[1]The EliteCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.
[2]Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit www.sbmabenefits.com/purerx-standard. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
[3]Recuro Health's Virtual Care program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging and connects members with a Psychiatrist or Licensed Counselor through secure and private online video or phone sessions at no cost.

HealthWallet

**The HealthWallet mobile app puts your coverage in the palm of your hands**

- Scan the QR code to the right, or search "The HealthWallet" in your app store
- Download the HealthWallet mobile app
- Login in with your social security number and date of birth
- Access your ID card(s), benefit information, and ancillary vender services

SCAN HERE

**Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.**

PHCS Specific Services

**By phone:** call **1.800.457.1309**
**Online:** visit **www.multiplan.com/sbmaspecificservices** and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results

RECURO HEALTH

**Recuro Health's Virtual Urgent Care and Virtual Behavioral Health** provide members with:

- 24/7 access to board-certified doctors for treatment of urgent medical concerns
- No-cost virtual access to a Psychiatrist or Licensed Counselor whenever and wherever they need it

**Access care via the HealthWallet mobile app (scan the QR code above) or call 1-855-6RECURO**

PureRx

Present your medical card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be provided on your medical ID card.

# Preventive Care Benefits

## Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

## Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

## Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

## Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

STANDARD PACKAGE

# Ready for whatever's down the line.

## Group Limited Indemnity Insurance Policy with Riders

You never know what's coming down the line. It could be an illness or injury that lands you in the hospital or an accident that sends you to the ER or urgent care. Or, if you are being treated for a critical condition, you might need a little extra help with household expenses. Group Limited Indemnity (GLI) insurance and Riders from Beazley Benefits can help keep your health expenses in line.

### What is Group Limited Indemnity insurance?

The Group Limited Indemnity insurance policy helps cover the cost of certain medical expenses (incurred due to accident or sickness), at a specific benefit amount for a limited number of days per year, when you receive covered services. The Group Limited Indemnity plan is packaged with Riders. You may opt for these coverages for your spouse or child(ren), and you are eligible regardless of your health status (i.e., you do not have to answer any medical questions to qualify).

Note: Group Limited Indemnity (and the Riders) are NOT major medical insurance.

### What are the specific plan benefits?

**Group Limited Indemnity**
Pays a fixed dollar amount per day for these benefits:

| Benefits | Definition | Plan amounts |
|---|---|---|
| Hospital Confinement benefit | For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day). | $100 per insured, per day<br>15 days per insured, per year |
| Hospital Admission benefit | Lump sum benefit for a hospital admission due to sickness or injury. (Note: birth of a healthy child covers mother only). | $1,250 per insured, per day<br>1 day per insured, per year |
| Inpatient Surgery benefit | For inpatient surgery in a hospital, due to sickness or injury. | $250 per insured, per day<br>1 day per insured, per year |
| Outpatient Major Surgery benefit | For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury. | $250 per insured, per day<br>1 day per insured, per year |
| Outpatient Minor Surgery benefit | For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury. (Note: Must be eligible CPT code). | $50 per insured, per day<br>1 day per insured, per year |

**Critical Illness rider**
Pays a lump sum benefit upon diagnosis of any of these 9 specified conditions: Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Coma, Paralysis, Severe Burns, Loss of Sight. Includes 10% additional occurrence benefit after a 12 month separation period.

| Employee Benefit | Spouse Benefit | Child(ren) Benefit |
|---|---|---|
| $7,500 | $3,750 | $3,750 |

**Accidental Death & Dismemberment (AD&D) rider**
Pays a lump sum benefit for loss of life, dismemberment and other disabling conditions. Benefit payable varies, based on a schedule of benefits for the loss incurred.

| Employee Benefit | Spouse Benefit | Child(ren) Benefit |
|---|---|---|
| $50,000 | $25,000 | $10,000 |

**Accident rider**
Pays a benefit for treatment of injuries resulting from a covered accident.

| Benefit | Definition | Plan amounts |
|---|---|---|
| Accident Expense | Pays benefits for treatment and services incurred due to an accident; most benefits are payable per accident up to a fixed number of accidents per year. | See schedule of benefits<br>Up to 3 accidents per year |

*Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations*

### Contact Us

Beazley Benefits
Plan Administrator: ACI (800) 508-9238

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License #2868-8 The Group Limited Indemnity policy is offered under **Policy Form Series AHGLIMM0001.** Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. See the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators. Globe Life And Accident Insurance Company manages and reinsures the Beazley Benefits program.

beazley

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# DELTA DENTAL 1000

DELTA DENTAL®

| Dental Benefits | In Network | Out of Network |
|---|---|---|
| Annual Deductible | $50 individual / $150 family | $100 individual / $300 family |
| Annual Maximum Benefit | $1,000 per insured person | $1,000 per insured person |
| **Diagnostic & Preventive** | | |
| Exams / Cleanings (twice per year)<br>Bitewing X-Rays (once per year)<br>Full mouth X-Rays (once every 5 years) | Covered 100%<br>(deductible waived) | Covered 80%<br>(deductible waived) |
| **Basic Services** | | |
| Fillings (once per tooth in 365 days)<br>Extractions<br>Root Canal (once per tooth per lifetime) | Covered 80% after deductible is met | Covered 50% after deductible is met |
| **Major Services** | | |
| Crowns (once per tooth every 5 years)<br>Dentures (once every 5 years)<br>Bridges (once every 5 years)<br>Implants (once every 5 years) | Covered 50% after deductible is met | Covered 50% after deductible is met |
| Orthodontic Services | Not Covered | Not Covered |

This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

**No waiting periods!**

**Visit any dentist you want!**

**Cleanings covered 100% in network!**

## Locating a network dentist:

From the Delta Dental mobile app or website at **deltadentalct.com**

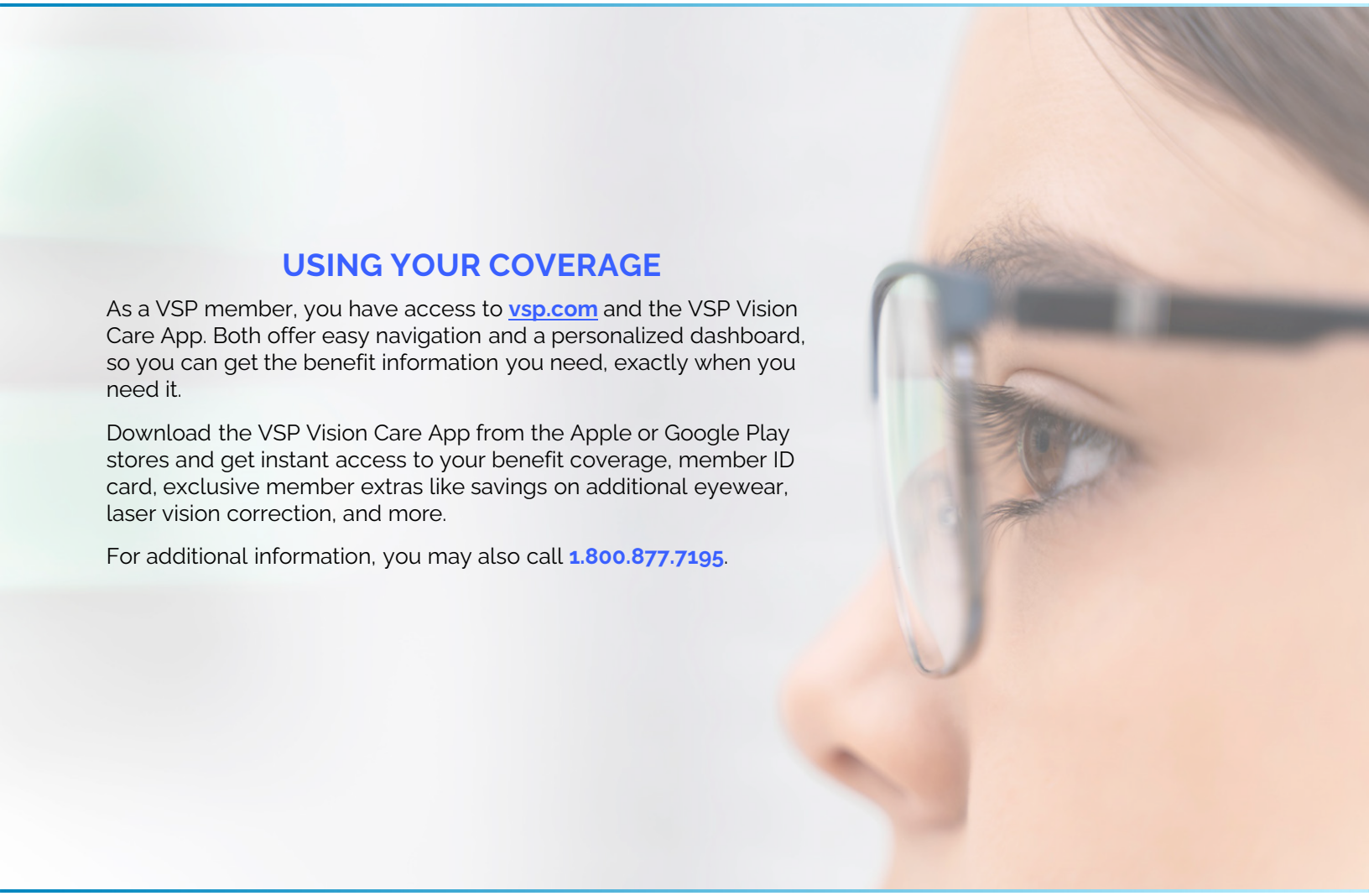
1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"

For additional questions, call Delta Dental Customer Service at **1.800.452.9310**.

# VSP Vision

| Vision Benefits | In Network | Out of Network | Frequency |
|---|---|---|---|
| Comprehensive eye exam | $10 copay | $45 allowance | Once every 12 months |
| **Eyeglass Frames** | | | |
| One pair of eyeglass frames | $130 allowance<br>($70 allowance at Walmart / Costco) | $70 allowance | Once every 24 months |
| **Eyeglass Lenses (instead of contacts)** | | | |
| Single | $25 copay | $30 allowance | Once every 12 months |
| Bifocal | $25 copay | $50 allowance | Once every 12 months |
| Trifocal | $25 copay | $65 allowance | Once every 12 months |
| **Contact Lenses (instead of glasses)** | | | |
| Contact Fitting & Evaluation | Maximum $60 copay | Applied to contact lens allowance | Once every 12 months |
| Elective disposable | $130 allowance | $105 allowance | Once every 12 months |
| Non-elective (medically necessary) | Covered 100% after copay | $210 allowance | Once every 12 months |

This overview contains a general description of your vision care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, Inc., which governs the benefits and operation of your program. Please contact your SBMA representative for additional information.



## USING YOUR COVERAGE

As a VSP member, you have access to vsp.com and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Download the VSP Vision Care App from the Apple or Google Play stores and get instant access to your benefit coverage, member ID card, exclusive member extras like savings on additional eyewear, laser vision correction, and more.

For additional information, you may also call **1.800.877.7195**.