

Medical Benefits ¹	WellCare
Preventive / Wellness Services	Covered 100%
Prescription Drug Benefits ²	PureRx
Discount Program	Included
Virtual Health Program ³	Recurso Health
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay

¹The WellCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²The PureRx prescription discount program offers discounts up to 80% on most FDA-approved prescription medications.

³Recurso Health's Virtual Care Program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video, or messaging. It also connects members with a Therapist or Licensed Counselor through secure and private online video or phone sessions at a \$0 copay. Psychiatric services are available at an additional cost.



HealthWallet

ACCESSING COVERAGE

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

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LOCATING A NETWORK PROVIDER



Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-371-2507 or visiting www.multiplan.com/sbmapreventiveservices and following the instructions below.

1. Enter a provider name, specialty, or facility type in the search box, or choose one from the drop down
2. Enter your location information
3. Click "Search"

PRESCRIPTION DRUG BENEFITS



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

VIRTUAL HEALTH PROGRAM



Recurso 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
- Virtual access to a Therapist or Licensed Counselor by appointment between 7 am – 7 pm

Access care via the HealthWallet mobile app or call 1-855-673-2876.

PREVENTIVE CARE

BENEFITS

Preventive Benefits for Adults

- Abdominal Aortic Aneurysm one-time screening for men of specifiedages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancerfor 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 orobese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) foradults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adultsage18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increasedrisk
- PrEP(pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injectiondrug use
- Immunizations for adults—doses, recommended ages, andrecommended 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 55 to 80 at high risk for lung cancerbecause 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
- Statins 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 tobaccousers
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive BenefitsforWomen

- Bone density screening for all women over age 65 or womenage64 andyounger 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 orwomen at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trainedproviders, and access to breastfeeding supplies, for pregnant and nursingwomen
- Birth control: Food and Drug Administration-approved contraceptivemethods, sterilization procedures, and patient education and counseling, asprescribed by a health care provider for women with reproductive capacity(not including abortifacient drugs). This does not apply to health plansponsored by certain exempt “religious employers.”
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21to 65
- Chlamydia infection screening for younger women and other women athigher risk
- Diabetes screening for women with a history of gestational diabetes whoaren't currently pregnant and who haven't been diagnosed with type 2diabetes before

Preventive BenefitsforWomen(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 bloodpressure
- Rh Incompatibility screening for all pregnant women and follow-up testingfor women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
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- Urinary incontinence screening for women yearly
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- Well-woman visits to get recommended services for women

Preventive BenefitsforChildren

- Alcohol, tobacco, and drug use assessments for adolescents
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- Blood screening for newborns
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- Dyslipidemia screening for all children once between 9 and 11 years andonce 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 andadolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements takenregularly for all children
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- 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 screeningfor adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11months, 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



Medical Benefits ¹	FlexCare
Preventive / Wellness Services	Covered 100%
Primary Care Visits	\$25 Copay
Specialist Visits	Network Discount ²
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount ²
Prescription Drug Benefits ³	PureRx
Copay by Drug Tier	\$15 / \$30 / \$50 / \$75
Virtual Health Program ⁴	Recurso Health
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay

¹The FlexCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²Claims are repriced through the MultiPlan PHCS network. For services subject to the network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.

³Prescription 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.

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Preventive BenefitsforWomen

- Bone density screening for all women over age 65 or womenage64 andyounger that have gone through menopause
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Preventive BenefitsforWomen(continued)

- Folic acid supplements for women who may become pregnant
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- 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 screeningfor adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11months, 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



Medical Benefits ¹	KeyCare
Preventive / Wellness Services	Covered 100%
Primary Care Visits	\$25 Copay
Prescription Drug Benefits ²	PureRx
Copay by Drug Tier	\$15 / \$30 / \$50 / \$75
Virtual Health Program ³	Recurso Health
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay

¹The KeyCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

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PREVENTIVE CARE

BENEFITS

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- Falls prevention (with exercise or physical therapy and vitamin D use) foradults 65 years and over living in a community setting
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Preventive BenefitsforWomen

- Bone density screening for all women over age 65 or womenage64 andyounger that have gone through menopause
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Preventive BenefitsforWomen(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
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Preventive BenefitsforChildren

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Medical Benefits ¹	VitalCare
Preventive / Wellness Services	Covered 100%
Primary Care / Specialist Visits	\$25 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drug Benefits ²	PureRx
Copay by Drug Tier	\$15 / \$30 / \$50 / \$75
Virtual Health Program ³	Recurso Health
24/7 Virtual Urgent Care	\$0 Copay
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- Dyslipidemia screening for all children once between 9 and 11 years andonce 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 andadolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements takenregularly 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 injectiondrug use
- Immunizations for children from birth to age 18—doses, recommendedages, and recommended populations vary: Chickenpox (Varicella);Diphtheria, Tetanus, and Pertussis (DTaP);Haemophilusinfluenza typeB; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); InactivatedPoliovirus; 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 screeningfor adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11months, 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



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$595	\$1,190	\$1,190	\$1,785
General Information		Coverage Information		
Annual Deductible		\$6,500 Individual / \$13,000 Family		
Out-of-Pocket Maximum ¹		\$6,500 Individual / \$13,000 Family		
Physician & Diagnostic Benefits		Coverage Information		
Preventive / Wellness		Covered at 100% (not subject to deductible)		
Primary Care / Specialist Visits		\$50 Copay (not subject to deductible)		
Urgent Care		Covered 100% after deductible is met		
Laboratory Services / Radiology (X-ray, Ultrasound)		Covered 100% after deductible is met		
Emergency / Hospital Benefits		Coverage Information		
Emergency Room (excluding emergency transportation)		Subject to RBP ² after deductible is met		
Inpatient Hospital Services including Physician/Surgeon ³		Subject to RBP ² after deductible is met		
Additional Benefits		Coverage Information		
Advanced Imaging (MRI, CT/PET scan)		Covered 100% after deductible is met		
Durable Medical Equipment (including prosthetics & orthotics)		Covered 100% after deductible is met		
Inpatient Mental Health / Substance Abuse Treatment		Covered 100% after deductible is met		
All additional covered services (may be subject to RBP)		Covered 100% after deductible is met		
Prescription Drug Benefits⁴		PureRx		
Annual Deductible		\$0		
Copy by Drug Tier		\$15 / \$30 / \$50 / \$75		
Virtual Health Program⁵		Recurso Health		
24/7 Virtual Urgent Care		\$0 Copay		

¹The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.

²Reference-Based Pricing (RBP) reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.

³Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.

⁴Prescription 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. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.

⁵Recurso Health's Virtual Care Program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video, or messaging. It also connects members with a Therapist or Licensed Counselor through secure and private online video or phone sessions at a \$0 copay. Psychiatric services are available at an additional cost.



HealthWallet

ACCESSING COVERAGE

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 vendor services



SCAN HERE

Notable Plan Exclusions

Abortion

Care related to or for the purpose of travel outside of the United States

Chiropractic care including acupuncture

Cosmetic Surgery including cosmetic components of gender transition

Dental care or services related to the mouth, jaws, and teeth (oral surgery procedures, medical in nature)

Dialysis

Emergency transportation

Experimental / Investigational Treatments

Eye care and services related to vision care

Infertility Services / Family Planning

Nutritional Supplements / Vitamins (except as specified under preventive care)

Non-Preferred Brand / Specialty / Self-Injectable / GLP-1 Prescription Drugs

Out-of-network services except for services where there is no network (emergency room/hospital)

Outpatient Hospital Services (any outpatient charge billed from a hospital including surgery performed in an outpatient office or surgical facility)

Rehabilitation / Habilitation services including occupational, physical and speech therapies

Skilled / Private Duty Nursing Care

This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Please refer to the plan administrator for additional plan information.

LOCATING A NETWORK PROVIDER

Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-454-5231 or visiting www.multiplan.com/sbmaphcs and following the instructions below.

1. Read the acknowledgment at 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

**PRESCRIPTION DRUG BENEFITS**

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

VIRTUAL HEALTH PROGRAM

Recurso Health's Virtual Urgent Care provide members with 24/7 access to board-certified doctors, through phone and video interactions, for treatment of urgent medical concerns including prescription drugs when medically necessary. Access care via the HealthWallet mobile app or call 1-855-6RECURO

Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$20.00	\$40.00	\$26.00	\$60.00

Employee Benefit: \$10,000 | Spouse Benefit: \$10,000 | Child(ren) Benefit: \$5,000

Covered Conditions	Initial Benefit	Recurrence Benefit
Invasive Cancer	100%	50%
Heart Attack	100%	50%
Stroke	100%	50%
End Stage Renal Failure	100%	50%
Carcinoma In Situ	25%	12.5%

- Maximum benefit amount is \$10,000.
- Benefits for pre-existing conditions are not payable for 12 months after the effective date of coverage.
- Benefit amounts are paid 100% up to age 65.
- Benefit amounts are reduced to 50% between ages 65-70.
- Benefits are terminated on the date the member turns 70 years of age.
- 30-Day waiting period for Invasive Cancer benefit.
- 90-Day waiting period for additional occurrences.
- Annual Wellness Benefit of \$50 for both employee and spouse.
- Benefits will not be paid for any of the following circumstances:
 - Suicide, attempted suicide or intentional self-inflicted injuries
 - Injury resulting from being legally intoxicated as defined by the laws of the state of jurisdiction in which the injury occurs
 - Cosmetic/elective surgery
 - Any act of war or participation in a riot, insurrection or rebellion

¹Additional exclusions and limitations exist. Contact plan administrator for additional information regarding this policy.

²Payments for eligible approved covered services will be issued as reimbursements by submission of a claim form. To request a claim form please email SBMA at updates@sbmamec.com.

CRITICAL CARE 25,000



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$45.00	\$90.00	\$58.00	\$135.00

Employee Benefit: \$25,000 | Spouse Benefit: \$25,000 | Child(ren) Benefit: \$12,500

Covered Conditions	Initial Benefit	Recurrence Benefit
Invasive Cancer	100%	50%
Heart Attack	100%	50%
Stroke	100%	50%
End Stage Renal Failure	100%	50%
Carcinoma In Situ	25%	12.5%

- Maximum benefit amount is \$25,000.
- Benefits for pre-existing conditions are not payable for 12 months after the effective date of coverage.
- Benefit amounts are paid 100% up to age 65.
- Benefit amounts are reduced to 50% between ages 65-70.
- Benefits are terminated on the date the member turns 70 years of age.
- 30-Day waiting period for Invasive Cancer benefit.
- 90-Day waiting period for additional occurrences.
- Annual Wellness Benefit of \$50 for both employee and spouse.
- Benefits will not be paid for any of the following circumstances:
 - Suicide, attempted suicide or intentional self-inflicted injuries
 - Injury resulting from being legally intoxicated as defined by the laws of the state of jurisdiction in which the injury occurs
 - Cosmetic/elective surgery
 - Any act of war or participation in a riot, insurrection or rebellion

¹Additional exclusions and limitations exist. Contact plan administrator for additional information regarding this policy.

²Payments for eligible approved covered services will be issued as reimbursements by submission of a claim form. To request a claim form please email SBMA at updates@sbmamec.com.

Plan Information	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Maximum Benefit	\$1,500 per insured person	\$1,500 per insured person
Diagnostic & Preventive Services	In Network	Out of Network
Exams / Cleanings (twice per year) Bitewing X-Rays (once per year) Full mouth X-Rays (once every 5 years)	Covered 100% (deductible waived)	Covered 80% (deductible waived)
Basic Services	In Network	Out of Network
Fillings (once per tooth in 365 days) Extractions Root Canal (once per tooth per lifetime)	Covered 80% after deductible is met	Covered 50% after deductible is met
Major Services	In Network	Out of Network
Crowns (once per tooth every 5 years) Dentures (once every 5 years) Bridges (once every 5 years) 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 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 at **1.800.452.9310**.

Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	\$45 allowance	Once every 12 months
Eyeglass Frames	In Network	Out of Network	Frequency
One pair of eyeglass frames (\$70 allowance at Walmart / Costco)	\$130 allowance	\$70 allowance	Once every 24 months
Eyeglass Lenses (instead of contacts)	In Network	Out of Network	Frequency
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)	In Network	Out of Network	Frequency
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**.



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$39.00	\$78.00	\$78.00	\$117.00

Hospital Benefits		Benefit Amount / Limit
Hospital / ICU Admission – requires claim separation of 30 days		\$2,000 / up to 3 admissions per year
Hospital / ICU Confinement		\$50 per day / up to 30 days per year
Inpatient Surgical Benefits		Benefit Amount / Limit
Inpatient Surgery		\$1,000 / 1 time per year
Inpatient Anesthesia		30% of surgery benefit
Outpatient Surgical Benefits – limited to 1 combined per year		Benefit Amount / Limit
Outpatient Surgery – Hospital or Ambulatory Surgical Center		\$250 / 1 time per year
Outpatient Surgery – Physician Office		\$75 / 1 time per year
Outpatient Anesthesia		20% of surgery benefit

¹This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions are governed by a general policy issued by United of Omaha Life Insurance Company, a Mutual of Omaha Company.

²Payments for eligible approved covered services will be issued as reimbursements by submission of a claim form. To request a claim form please email SBMA at updates@sbmamec.com.

