

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

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

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

<sup>3</sup>Recuro 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.

#### ACCESSING COVERAGE



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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](http://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
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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



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
  - 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 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 55 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

### 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
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- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
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### Preventive Benefits for Children

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- Lead screening for children at risk of exposure
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- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
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- Vision screening for all children
- Well-baby and well-child visits



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

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

<sup>2</sup>Claims are repiced 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.

<sup>3</sup>Prescription drug benefits are subject to the formulary drug list. To review the formulary, please visit [www.sbmabenefits.com/purerx-standard](http://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 Benefits for Women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
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### Preventive Benefits for Women (continued)

- Folic acid supplements for women who may become pregnant
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- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
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### Preventive Benefits for Children

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- 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



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

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

<sup>2</sup>Prescription drug benefits are subject to the formulary drug list. To review the formulary, please visit [www.sbmabenefits.com/purerx-standard](http://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 CARE

## BENEFITS

### Preventive Benefits for Adults

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- Depression screening
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- 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
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- Lung cancer screening for adults 55 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
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- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
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### 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
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### Preventive Benefits for Women (continued)

- Folic acid supplements for women who may become pregnant
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- 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



| Medical Benefits <sup>1</sup>           | 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 <sup>2</sup> | PureRx                    |
| Copay by Drug Tier                      | \$15 / \$30 / \$50 / \$75 |
| Virtual Health Program <sup>3</sup>     | Recuro Health             |
| 24/7 Virtual Urgent Care                | \$0 Copay                 |
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<sup>1</sup>The VitalCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

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- 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

## 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





| 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 <sup>1</sup>                                   | \$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 <sup>2</sup> after deductible is met |
| Inpatient Hospital Services including Physician/Surgeon <sup>3</sup> | Subject to RBP <sup>2</sup> 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 Benefits <sup>4</sup>                              | PureRx  |
| Annual Deductible  | \$0   |
| Copay by Drug Tier   | \$15 / \$30 / \$50 / \$75                           |
| Virtual Health Program <sup>5</sup>                                  | Recuro Health                                       |
| 24/7 Virtual Urgent Care   | \$0 Copay   |

<sup>1</sup>The 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.

<sup>2</sup>Reference-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.

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

<sup>4</sup>Prescription drug benefits are subject to the formulary drug list. To review the formulary please visit [www.sbmabenefits.com/purerx-standard](http://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.

<sup>5</sup>Recuro 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.

#### 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/sbmapi](http://www.multiplan.com/sbmapi) 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



Recuro 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

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

<sup>2</sup>Payments 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](mailto:updates@sbmamec.com).



| 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%              |

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

<sup>2</sup>Payments 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](mailto: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)<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  | In Network                          | Out of Network                      |
| 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  | In Network                          | Out of Network                      |
| 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.

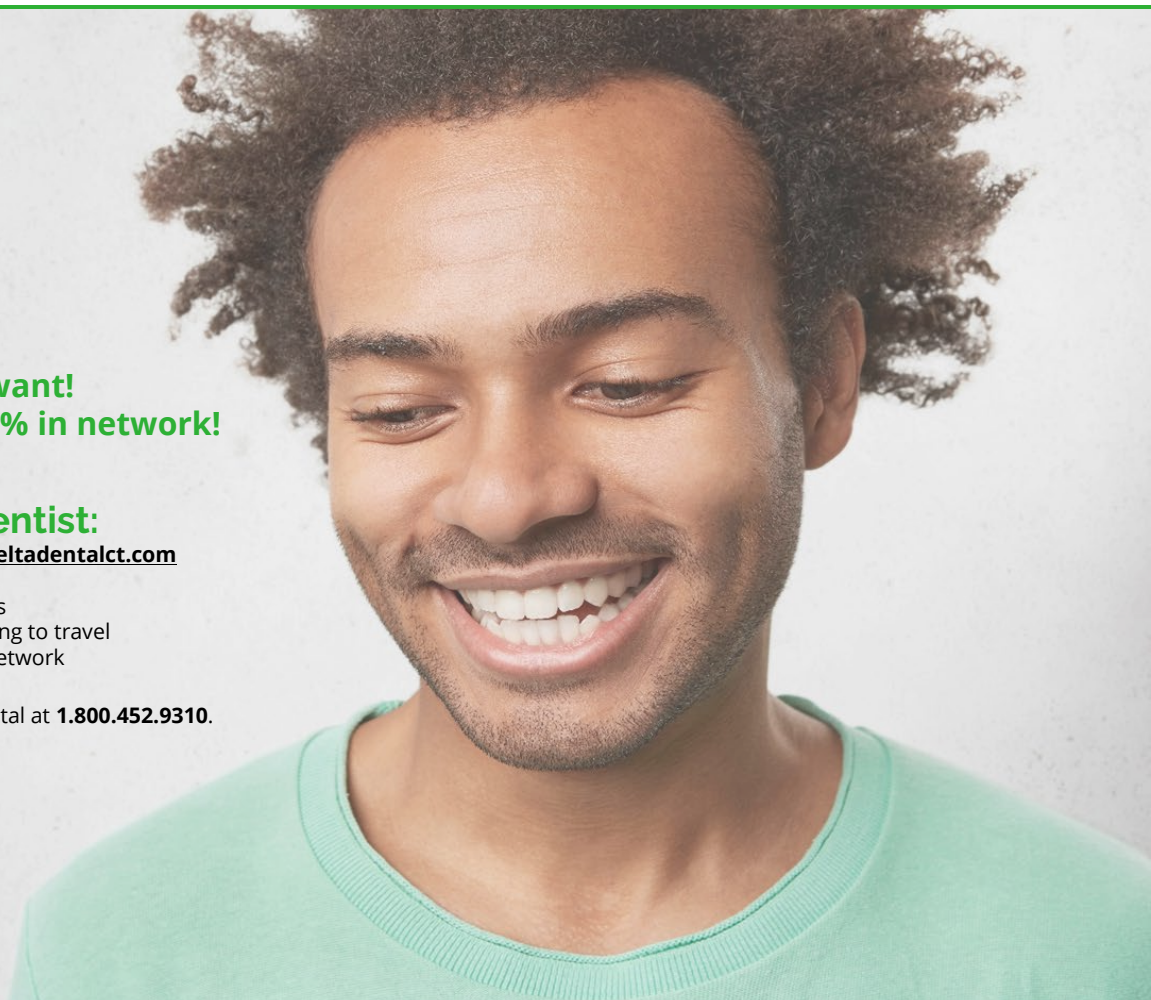
- **No waiting periods!**
- **Visit any dentist you want!**
- **Cleanings covered 100% in network!**

### Locating a network dentist:

From the Delta Dental mobile app or [deltadentalct.com](https://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           | \$130 allowance<br>(\$70 allowance at Walmart / Costco) | \$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 |

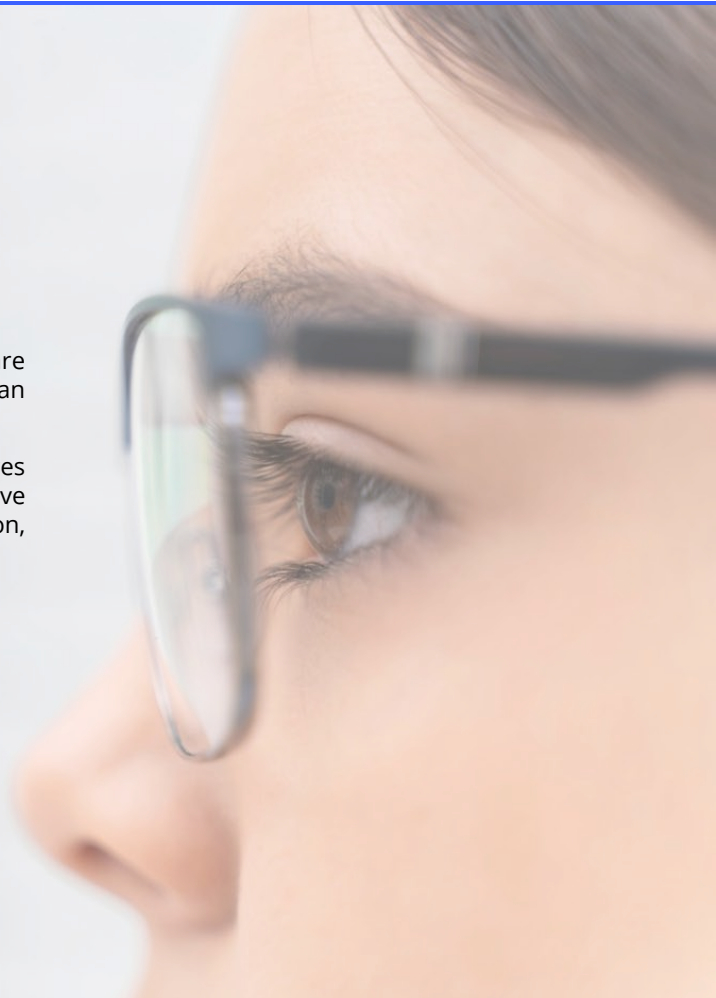
This overview contains a general description of your vision care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, Inc., which governs the benefits and operation of your program. Please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

## USING YOUR COVERAGE

As a VSP member, you have access to [vsp.com](https://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                |

<sup>1</sup>This 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.

<sup>2</sup>Payments 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](mailto:updates@sbmamec.com).

