

ENROLL NOW! Time is limited

You are eligible for benefits under your employer's open enrollment effective March 1st or the first of the month following 30 days from your date of hire.



GET YOUR ID CARD IN DAYS



COVERAGE YOU NEED AT
A PRICE YOU CAN AFFORD

MEDICAL COVERAGE

MEC Plus: Covers all preventive services 100%, office visits, urgent care, labs, x-rays, and generic prescription drugs offered at various copays. MEC Plus also includes telehealth.

ANCILLARY COVERAGE

Delta Dental: 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.

EMPLOYEE INFORMATION

Name _____ Social Security Number _____
 Employer _____ Hire Date _____
 Date of Birth _____ Sex Male Female
 Address _____ Phone Number _____
 City/State/Zip _____ Email _____

DEPENDENT INFORMATION

Name _____ Name _____
 Social Security Number _____ Social Security Number _____
 Date of Birth _____ Date of Birth _____
 Male Female Spouse Child Male Female Spouse Child
 Name _____ Name _____
 Social Security Number _____ Social Security Number _____
 Date of Birth _____ Date of Birth _____
 Male Female Spouse Child Male Female Spouse Child

COVERAGE ELECTIONS

Medical Election				
Weekly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
MEC Plus	<input type="checkbox"/> \$27.69	<input type="checkbox"/> \$55.38	<input type="checkbox"/> \$55.38	<input type="checkbox"/> \$83.08

Ancillary Elections				
Weekly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Delta Dental	<input type="checkbox"/> \$10.19	<input type="checkbox"/> \$20.35	<input type="checkbox"/> \$19.26	<input type="checkbox"/> \$31.15
VSP Vision	<input type="checkbox"/> \$2.30	<input type="checkbox"/> \$4.59	<input type="checkbox"/> \$4.82	<input type="checkbox"/> \$8.04

waive coverage

EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential Coverage (MEC), 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 _____

Covered Medical Benefits	MEC Plus
Annual Deductible	\$0
Out-of-Pocket Maximum (for covered services)	\$1,850 Individual / \$3,700 family
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services	\$50 Copay
X-Rays	\$50 Copay
Telehealth	Included
Generic Prescription Drugs	\$15 Copay

¹The MEC Plus plan excludes out-of-network services and covers ONLY the medical services listed above and on the Preventive Care Benefits page.

²freshbenies members have access to physicians via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary

**Preventive
Services
covered
100%**

**All other
Services
covered at a
copay**

**24/7/365
Telehealth
Access**

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.



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

freshbenies®

A FRESH APPROACH TO BENEFITS

freshbenies gives convenient access to virtual doctor visits and more!

Telehealth: Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary – at NO COST.

benieWALLET: Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at freshbenies.com, download the freshbenies app or call **1.855.373.7450**

Using Your Prescription Drug Card at Retail Pharmacies

SmithRx

Present your medical card with your prescription to any of our 75,000+ retail pharmacies every time you fill your prescription.

You can access a participating pharmacy list at www.mysmithrx.com. For additional support, call **1.844.454.5201**

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
- 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 influenzae 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

For more information on preventive care benefits visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Dental Benefits	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		
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		
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		
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

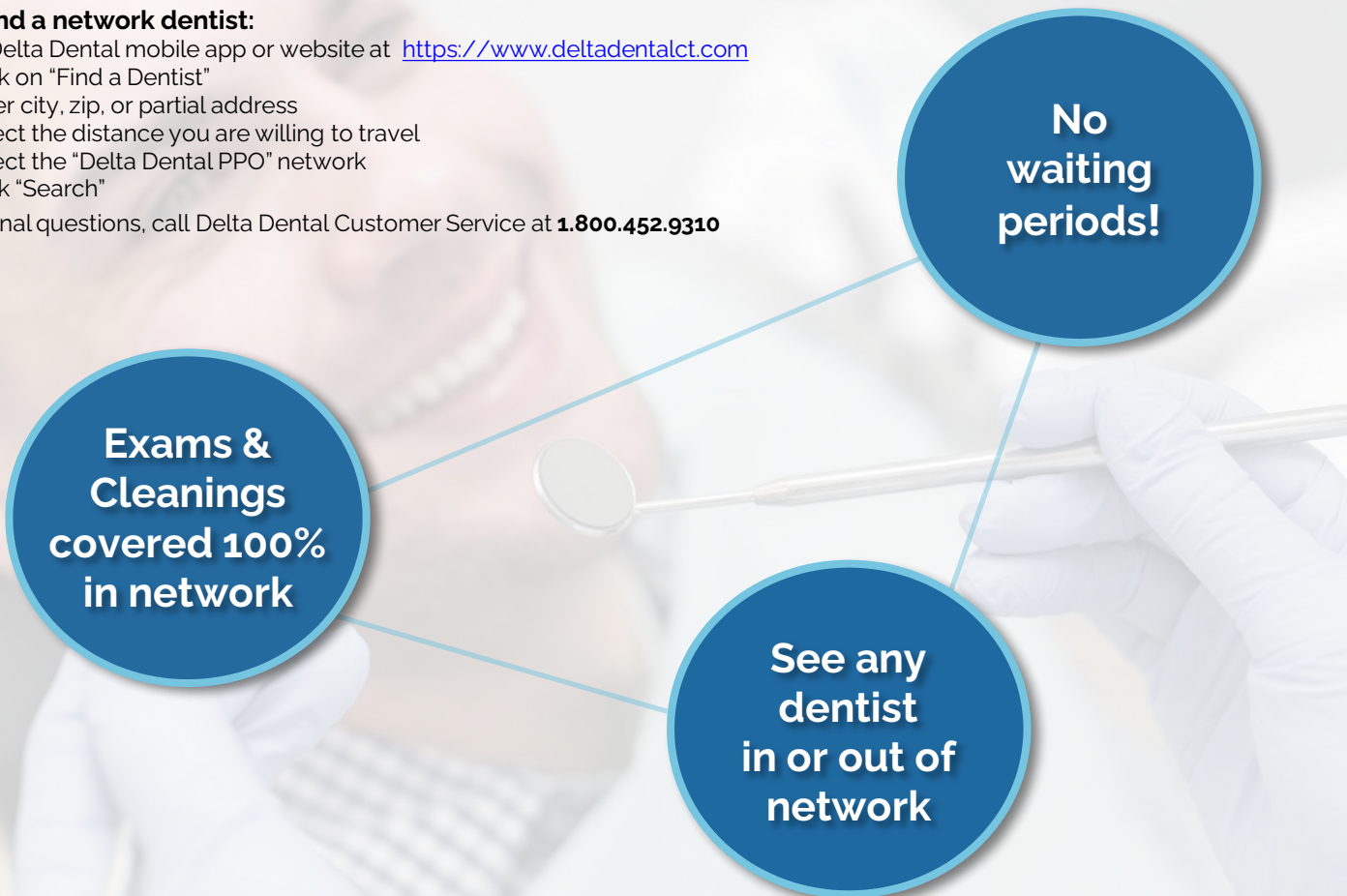
This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

How to find a network dentist:

From the Delta Dental mobile app or website at <https://www.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**



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 (\$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

LOCATING NETWORK PROVIDERS

To locate providers, call **1.800.877.7195** or visit <https://www.vsp.com/eye-doctor> then follow the prompts to search for an eye doctor by location, office or specific doctor then click "SEARCH"

Savings on additional eyewear and laser vision correction

Medically Necessary Contact Lenses COVERED IN FULL

Allowances for Out-of-Network services

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.