

ENROLL NOW! Time is limited

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



GET YOUR ID CARD IN DAYS



COVERAGE YOU NEED AT
A PRICE YOU CAN AFFORD

MEDICAL COVERAGE

Basic MEC: Covers all preventive services 100%, telehealth and prescription discounts.

Ultra MEC: Covers all preventive services 100%, primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. Ultra MEC also includes Virtual Health and prescription drug benefits.

Ultimate MEC: Covers all preventive services 100% and office visits, urgent care, labs and x-rays offered at various copays. Ultimate MEC 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 Preventive Dental: Coverage includes diagnostic and preventive services covered 100%.

Delta Complete Dental: Coverage includes diagnostic and preventative 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.

| Medical Benefits | Basic MEC |
|-------------------------|--------------|
| Preventive / Wellness | Covered 100% |
| Rx Discount Program | Included |
| Virtual Health Benefits | freshbenies® |
| 24/7/365 Telehealth | Included |
| benieWALLET | Included |

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

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

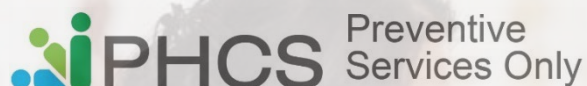
³freshbenies® members have access to physicians via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary.

**Preventive
Services
covered
100%**

**Rx Discount
Program**

**Telehealth
Program**

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 **1.888.794.7427**

Online: visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner and follow the steps below

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button
2. When selecting your network, choose "PHCS," then "Preventive Services Only"
3. Enter one of the search criteria suggested in the search box to begin your search
4. If your browser settings don't allow your location to be detected, enter a zip code



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



Present your medical card with your prescription to any of our 67,000+ 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**

| Medical Benefits | Ultra MEC |
|------------------------------|--|
| Preventive / Wellness | Covered 100% |
| Primary Care Visits | \$15 Copay |
| Specialist Visits | Network Discount |
| Urgent Care | \$50 Copay |
| Laboratory Services / X-Rays | Network Discount |
| Generic Rx | Tier 1: \$10 or less, Tier 2: \$25 or less |
| Virtual Health Benefits | freshbenies® |
| 24/7/365 Telehealth | Included |
| Behavioral Health | \$50 fee / max 3 per year |
| benieWALLET | Included |

¹The Ultra MEC 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. Members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.

³Rx benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/smithrxformulary. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

⁴Virtual Health Benefits are offered through freshbenies®. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (max 3 visits - \$85 after)

**Preventive
Services
covered
100%**

**Discounts on
Specialists,
Labs &
X-Rays**

**Virtual
Health
Benefits**

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 **1.888.263.7543**

Online: visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner and follow the steps below

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button
2. When selecting your network, choose "PHCS," then "Specific Services"
3. Enter one of the search criteria suggested in the search box to begin your search
4. If your browser settings don't allow your location to be detected, enter a zip code



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

Behavioral Telehealth: Schedule consultations with therapists at a fraction of the cost of typical in-person visits.

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| Medical Benefits | Ultimate MEC |
|----------------------------------|--|
| Preventive / Wellness | Covered 100% |
| Primary Care / Specialist Visits | \$15 Copay |
| Urgent Care | \$50 Copay |
| Laboratory Services / X-Rays | \$50 Copay |
| Generic Rx | Tier 1: \$10 or less, Tier 2: \$25 or less |
| Brand Rx | Tier 3: \$50 or less, Tier 4: \$75 or less |
| Virtual Health Benefits | freshbenies® |
| 24/7/365 Telehealth | Included |
| Behavioral Health | \$50 fee / max 3 per year |
| benieWALLET | Included |

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

²Rx benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/smithrxformulary. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

³Virtual Health Benefits are offered through freshbenies®. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (max 3 visits - \$85 after)

**Preventive
Services
covered
100%**

**All other
Services
covered at a
copay**

**Virtual
Health
Benefits**

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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 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

For more information on preventive care benefits visit:

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

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 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 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 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 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 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 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.



| Dental Benefits | In Network | Out of Network |
|--|----------------------------|----------------------------|
| Annual Deductible | \$0 | \$0 |
| Annual Maximum Benefit | \$1,000 per insured person | \$1,000 per insured person |
| Diagnostic & Preventive | | |
| Exams / Cleanings (twice per year) | Covered 100% | Covered 100% |
| Bitewing X-Rays (once per year) | Covered 100% | Covered 100% |
| Full mouth X-Rays (once every 5 years) | Covered 100% | Covered 100% |
| Fluoride Treatment ¹ (twice per year) | Covered 100% | Covered 100% |
| Space Maintainers ² (once per space) | Covered 100% | Covered 100% |

¹Fluoride treatments are for eligible children to age 19 in combination with cleanings and subject to the same annual limitations.

²Space maintainers are once per space for missing posterior primary teeth for children under age 14.

How to find a network dentist:

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



| 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) 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**

**Exams &
Cleanings
covered 100%
in network**

**No
waiting
periods!**

**See any
dentist
in or out of
network**

| 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"

**Medically
Necessary
Contact
Lenses
COVERED IN
FULL**

**Savings on
additional
eyewear and
laser vision
correction**

**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.