

ENROLL NOW!

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



ACCESS YOUR VIRTUAL ID CARD IN HEALTHWALLET



COVERAGE YOU NEED AT A PRICE YOU CAN AFFORD

MEDICAL COVERAGE

WellCare: Covers all preventive services 100% and includes telehealth and prescription discounts.

FlexCare: Covers all preventive services 100%, primary care visits at a \$25 copay, urgent care at a \$50 copay, and discounts on additional services such as specialist visits, labs, and x-rays. This plan also includes virtual health and prescription drug benefits.

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

ANCILLARY COVERAGE

ExtraCare High: These supplemental plans provide specific benefit amounts, in the form of direct payments to members, for additional medical services. Refer to summary pages for additional information.

Delta Preventive Dental: Coverage includes diagnostic and preventive services covered 100%.

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

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

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

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.

³The Recuro Health Virtual Urgent Care program provides 24/7 on-demand access to U.S. board certified, licensed doctors to treat most common non-emergency conditions.



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

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. 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

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.

⁴Recurso 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.

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Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-457-1309 or visiting www.multiplan.com/sbm specificservices and following the instructions below.

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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 1-855-6RECURO



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
Virtual Behavioral Health	\$0 Copay

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

²Prescription 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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- 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.

The following services are covered at no cost when delivered by a provider in your plan's network

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 aged 18 to 79 years
- HIV screening for everyone aged 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger who have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer screening mammogram, with or without clinical breast examination, every 1-2 years for women 40 and older
- 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
- 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
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children
- 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) is an 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; Rotavirus, and Rubella
- 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
- Vision screening for all children
- Well-baby and well-child visits

Learn More About Preventive Services

Preventive services are subject to change by the United States Department of Health and Human Services (HHS) under the Affordable Care Act (ACA). To view a full list of covered services, along with detailed descriptions, please visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Last updated July 2025.

Hospital Benefits	Benefit Amount / Limit
Hospital / ICU Admission – requires claim separation of 30 days	\$2,500 / up to 3 admissions per year
Hospital / ICU Confinement	\$200 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	\$1,000 / 1 time per year
Outpatient Surgery – Physician Office	\$300 / 1 time per year
Outpatient Anesthesia	35% of surgery benefit
Initial Care & Emergency Transportation	Benefit Amount / Limit
Emergency Room	\$100 / up to 2 times per year
Ground Ambulance	\$200 / up to 2 times per year
Air Ambulance	\$1,000 / 1 time per year

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.

Plan Information	Coverage Amount / Frequency
Annual Deductible	\$0
Annual Maximum Benefit	\$1,000 per insured person
Dental Services	Coverage Amount / Frequency
Exams / Cleanings (twice per year)	Covered 100% / 2 times per year
Bitewing X-Rays	Covered 100% / 1 time per year
Full mouth X-Rays	Covered 100% / 1 time every 5 years
Fluoride Treatments (for dependents up to age 19)	Covered 100% / 2 times per year with cleanings
Space Maintainers (for dependent children under age 14)	Covered 100% / 1 time per space
Basic Services (Fillings, Extractions & Root Canals)	Not covered
Major Services (Crowns, Dentures, Bridges & Implants)	Not covered
Oral Surgery & Orthodontic Services	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.

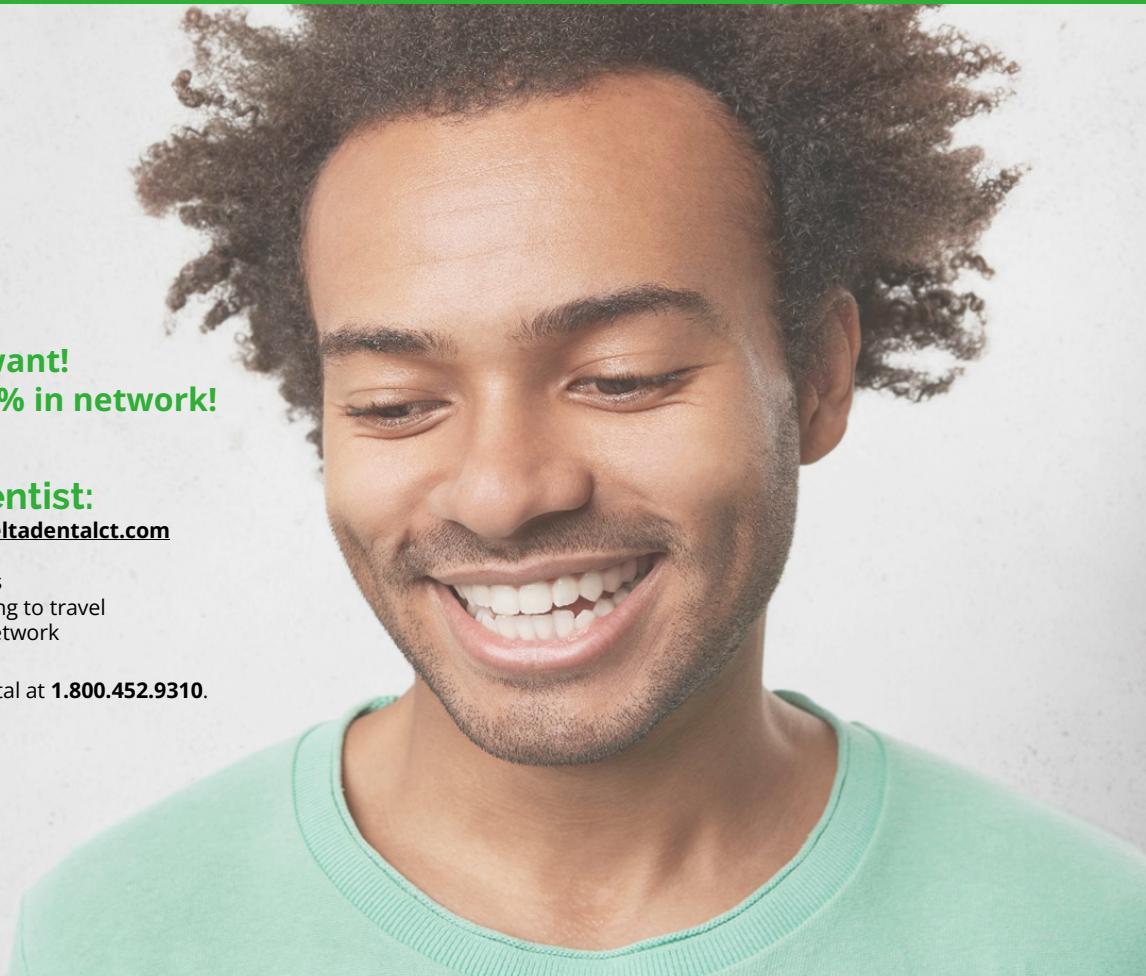
- **No waiting periods!**
- **Visit any dentist you want!**
- **Cleanings covered 100% in network!**

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**.



Plan Information	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 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.

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- **Visit any dentist you want!**
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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**.

