

**You will be notified by US Mail when you are eligible for healthcare.**



**GET YOUR ID CARD IN DAYS**



**COVERAGE YOU NEED AT  
A PRICE YOU CAN AFFORD**

## MEDICAL COVERAGE

**OptimaCare:** 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. This plan also includes virtual health and prescription drug benefits.

**MV 6500:** This plan has a \$6,500 individual deductible and covers additional medical services such as emergency room care, hospitalization and inpatient services at reference-based pricing, paying 125% of the Medicare allowable fee schedule. Patients will be balance billed for any amount greater than the Medicare allowable amount. All non-preventive and copay services are subject to the \$6,500 deductible. Minimum Value Plans are subject to affordability. Employees will not pay more than the annual affordability rate toward employee only coverage.

## WHAT'S INSIDE

Review the contents of this guide carefully. The following pages contain important information about your health insurance options and coverage details.

### **Enrollment Application**

Here you can review plan costs and make your benefit election(s). Please complete all fields thoroughly and legibly to ensure your application is processed accurately.

### **Coverage Information**

Review plan information and details for third-party vendors. A complete Summary of Benefits and Coverage (SBC) is available upon request. Please note, plan certificates and additional information regarding your rights and privacy will be sent with your post-enrollment welcome kit.

### **Preventive Care Benefits**

A list of preventive services that are covered 100% by all benefit plans as mandated by the Affordable Care Act.

# ENROLLMENT APPLICATION



## EMPLOYEE INFORMATION

Name\_\_\_\_\_ Social Security Number\_\_\_\_\_

Employer\_\_\_\_\_ Hire Date\_\_\_\_\_

Birth Date\_\_\_\_\_ Sex ☐ Male ☐ Female

Address\_\_\_\_\_ Phone Number\_\_\_\_\_

City/State/Zip\_\_\_\_\_ Email\_\_\_\_\_

## DEPENDENT INFORMATION

Name\_\_\_\_\_ Name\_\_\_\_\_

Social Security Number\_\_\_\_\_ Social Security Number\_\_\_\_\_

Birth Date\_\_\_\_\_ Birth Date\_\_\_\_\_

☐ Male ☐ Female ☐ Spouse ☐ Child ☐ Male ☐ Female ☐ Spouse ☐ Child

Name\_\_\_\_\_ Name\_\_\_\_\_

Social Security Number\_\_\_\_\_ Social Security Number\_\_\_\_\_

Birth Date\_\_\_\_\_ Birth Date\_\_\_\_\_

☐ Male ☐ Female ☐ Spouse ☐ Child ☐ Male ☐ Female ☐ Spouse ☐ Child

## COVERAGE ELECTION

Medical Election (choose 1)				
Weekly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
<b>OptimaCare</b>	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$42.97	<input type="checkbox"/> \$44.58	<input type="checkbox"/> \$71.25
<b>MV 6500*</b>	<input type="checkbox"/> \$88.26	<input type="checkbox"/> \$180.62	<input type="checkbox"/> \$157.05	<input type="checkbox"/> \$252.46
*Rates for the MV plan are subject to change based on affordability				

☐ waive coverage

## EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential Coverage (MEC) and Minimum Value (MV), 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\_\_\_\_\_

Medical Benefits	OptimaCare
Preventive / Wellness	Covered 100%
Primary Care Visits	\$15 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Prescription Drugs	Tier 1: \$15 Copay, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75 Copay
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

<sup>1</sup>The OptimaCare 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 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.

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

<sup>4</sup>Virtual 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 (first 3 visits - \$85 after).

**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](http://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



**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.

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

**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](http://freshbenies.com), download the freshbenies app or call **1.855.373.7450**



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

# MINIMUM VALUE 6500



Medical Benefits	Coverage Information
Annual Deductible / Out-of-Pocket Maximum <sup>2</sup>	\$6,500 individual / \$13,000 family
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$50 Copay
Urgent Care	Covered 100% after deductible is met
Emergency Services (excludes ambulance)	Reference-Based Pricing <sup>3</sup> after deductible is met
Diagnostic Services including Labs, X-Rays and other Imaging	Covered 100% after deductible is met
Inpatient Hospital Services including Physician Fees	Reference-Based Pricing <sup>3</sup> after deductible is met
Outpatient Hospital Services	Not Covered
All additional covered services	Covered 100% after deductible is met
Telemedicine	Included
Prescription Drug Benefits <sup>4</sup>	Coverage Information
Annual Deductible	\$0
Copay by Formulary Tier	\$15 / \$30 / \$50 / \$75
Non-Preferred, Specialty and Self-Injectable Prescription Drugs	Not covered

<sup>1</sup>This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Specific services including inpatient hospital, maternity and outpatient surgery are subject to precertification.

<sup>2</sup>The out-of-pocket maximum refers to covered services only. Specific services, including emergency and hospital services, are subject to reference-based pricing (see definition below) and patients may be billed beyond the out-of-pocket maximum for these services.

<sup>3</sup>Reference-based pricing reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. The MV 6500 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 total. For additional information regarding reference-based pricing, please contact a SBMA representative at 1.888.505.7724 option 2.

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

**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 **1.800.454.5231**  
**Online:** visit [www.multiplan.com/sbmapa](http://www.multiplan.com/sbmapa)  
 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



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](http://freshbenies.com), download the freshbenies app or call **1.855.373.7450**



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

## 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 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 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