

# Affordable Benefits for Everyday People

# **BENEFIT PLANS**



Monthly Rates	Basic MEC	MEC Excel	MEC Ultimate	MEC Platinum
Employee Only	\$45	\$72	\$107	\$144
Employee + Spouse	\$87	\$124	\$207	\$274
Employee + Child(ren)	\$87	\$124	\$207	\$274
Employee + Family	\$102	\$210	\$307	\$405
Medical Benefits				
Preventive / Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visits	4	\$15 copay	\$15 copay	\$15 copay
Specialist Visits	-	Network Discount	\$15 copay	\$15 copay
Urgent Care	-	\$50 copay	\$50 copay	\$50 copay
Labs		Network Discount	\$50 copay	\$50 copay
X-Rays	-	Network Discount	\$50 copay	\$50 copay
Hospital Benefits				
Hospital Admission		rain		\$2,500 – 1 day per calendar year
Daily Hospital Confinement	-	-	-	\$100 per day 31 days per confinement
Outpatient Surgery	-	-	1-1	\$500 / 1 day per year 20% Anesthesia
Off the job Accidental Injury Benefit	-	4.	-	\$200.00 / 1 day per accident 5 accidents per year
Employee Discount Card	-	-	-	Included
Health Advocate Services	-	-	-	Included
PPO Network	215	-		Included
Virtual Health				
24/7/365 Telehealth	Included	Included	Included	Included
benieWALLET	Included	Included	Included	Included
Behavioral Health	- 1	-	\$50 fee max 3 per year	\$50 fee max 3 per year
Rx Benefits				
Generic Rx	Discount Only	Discount Only	Tier 1: \$10 copay Tier 2: \$25 copay	Tier 1: \$10 copay Tier 2: \$25 copay
Brand Rx	Discount Only	Discount Only	Tier 3: \$50 copay Tier 4: \$75 copay	Tier 3: \$50 copay Tier 4: \$75 copa

To locate providers participating in the MultiPlan PHCS network call (888) 263-7543 or visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner of the page 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.

# **DENTAL/VISION PLANS**



### **Dental Plan**

Monthly Rates	Anthem Complete		
Employee Only	\$45.45		
Employee + Spouse	\$95.50		
Employee + Children	\$105.25		
Employee + Family	\$165.25		



Dental Benefits	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Benefit Maximum	\$1,500 per insured person	\$500 per insured person
Diagnostic & Preventive Oral Exams / Cleanings (2 per year) X-Rays (1 per year depending on age)	Covered 100% (deductible waived)	Covered 70% (subject to deductible)
Basic Services Fillings, Extractions, Root Canals, Scaling & Root Planing	Covered 80%	Covered 50%
Major Services Crowns, Dentures, Bridges	Covered 50%	Covered 20%
Dental Implants / Orthodontic Services	Not Covered	Not Covered

### **Vision Plan**

Monthly Rates	Anthem Complete		
Employee Only	\$10.20		
Employee + Spouse	\$21		
Employee + Children	\$17.75		
Employee + Family	\$29.26		



Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	Up to \$49 allowance	Once every 12 months
	Eyeglass Frame	es	
One pair of eyeglass frames	\$130 allowance then 20% off remaining balance	Up to \$50 allowance	Once every 24 months
	Eyeglass Lenses (instead	of contacts)	
Single	\$25 copay	Up to \$35 allowance	Once every 12 months
Bifocal	\$25 copay	Up to \$49 allowance	Once every 12 months
Trifocal	\$25 copay	Up to \$74 allowance	Once every 12 months
	Contact Lenses (instead	of glasses)	
Elective conventional	\$130 allowance then 15% off any remaining balance	Up to \$92 allowance	Once every 12 months
Elective disposable	\$130 allowance	Up to \$92 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100%	Up to \$250 allowance	Once every 12 months

# **VIRTUAL HEALTH**





# Access to a doctor or therapist WHENEVER, WHEREVER you need one with VIRTUAL CARE



24/7 Access to Doctors at No Cost to You Speak to a licensed physician when and where you need one by phone or on video.



Behavioral Health / Therapy Available at a \$50 Fee Talk to a therapist by phone whenever you need one.\*



#### benieWALLET FREE

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



Rx Drug Plan Covers Generic Drugs \$10 or \$25 Copay Widely accepted prescription drug card covers generics for physical & behavioral Rx.

Virtual Health benefits come included with our MEC solutions

## **Rx BENEFITS**







### Understanding Your Prescription Benefit Program

Providing you with the tools and resources to help you make better drug therapy decisions

#### Your Prescription Benefit Plan through SmithRx.

SmithRx is your prescription benefit provider and is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

#### Using Your Prescription Drug Card at Retail Pharmacies

You will receive a prescription card from your employer. Please present your 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 <a href="https://www.mysmithrx.com">www.mysmithrx.com</a>.



#### Using Your Home Delivery Benefit

Taking advantage of your home delivery benefit may enable you to receive up to a 90-day supply of your medication(s) at a discounted price through Magellan Rx Home. Just ask your physician to write two prescriptions: one for a 30-day supply to get you started (to be filled at your local pharmacy), and one for a 90-day supply, plus additional refills (to be filled at the home delivery pharmacy). To get started you can:



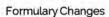
- E-prescribe or Fax: Have your doctor e-prescribe or fax your prescription to (866) 642-5620. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- Mail: Mail us your 90-day prescription, completed order form with payment to: PO Box 620968, Orlando, FL 32862

Please note: For prompt delivery, please provide your payment information by mailing in your completed order form or by calling 1 (800) 424-5894.

#### Online Tools at www.mysmithrx.com

Secure online connection, protecting your confidentiality and providing:

- · Drug formulary & lookup tools
- · Trusted drug and health condition information & education
- · Real-time benefit information
- · View and download pharmacy claims
- · Find a participating pharmacy
- Download claim reimbursement, prior authorization request, specialty pharmacy enrollment, and mail order forms



To help provide our customers with access to safe, high-quality and cost-effective prescription benefits, it is necessary to classify some drugs as preferred and others as non-preferred drugs on the SmithRx formulary, Access our full formulary at <a href="https://www.mysmithrx.com">www.mysmithrx.com</a> to see how your medication is classified.

### Additional requirements for coverage or limits on certain medications may include:

Your Plan may have additional requirements for coverage or limits for select prescription medications. These requirements and timits ensure that members use these medications in the most effective way and help the Plan control medication costs. A learn of practicing physicians and pharmacists developed these requirements and limits to help your Plan provide quality coverage to members. Please consult the formulary on our website for more information.

#### Quantity Limits

For certain medications, your Plan may limit the amount of the medication that with be covered per prescription or fora defined period of time. For example, your Plan may provide up to 30 units per 30-day period for a formulary medication.

#### Step Therapy

In some cases, your Plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition For example, if Drug A and Drug B both treat your medical condition, your Plan may require your physician to prescribe Drug A first if Drug A does not work for you, then your Plan will cover Drug B.

#### Prior Authorization

If your physician prescribes a medication requiring a prior authorization, you will need to go through a prior authorization process. We review requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). Your physician can call, fax, or submit prior authorization requests electronically. For a list of select medications that require prior authorization please contact Customer Service at (844) 454-5201.

### National Chain Pharmacy Listing

This is a list of the national chain pharmacies that participate in the SmithRx commercial pharmacy network. Many independent pharmacies across the United States also participate in our network. This list is subject to change. To determine if a pharmacy is in our network, please log into the portal.

Albertsons
Bashas' United Drug
Baylor Scott and White
Pharmacy Bi-Mart
Brookshire Pharmacy
City Market
Costco Pharmacy
Dierberg Pharmacy
Dillon Pharmacy
Duane Reade
Food City Pharmacy
Frod Lion Pharmacy
Fred Meyer Pharmacy
Fred's Pharmacy

Fry's Food and Drug Giant Eagle Pharmacy Hannaford Food and Drug Harps Pharmacy Harveys Supermarket H-E-B Grocery Henry Ford Medical Center Pharmacy Homeland Pharmacy Hy-Vee Ingles Markets Pharmacy King Scoopers Pharmacy Kinney Drugs Kmart Pharmacy Knight Drugs
Kroger Pharmacy
Long's Drugs
Medicap Pharmacy
Medicine Shoppe Pharmacy
Meijier Pharmacy
Navarro Discount Pharmacy
Pick N Save Pharmacy
Publix Super Market
Quality Food Center
Ralphs Pharmacy
Rite Aid Pharmacy
Safeway Pharmacy
Save-Mor

Schnuck Market Shoprite Pharmacy Smith's Pharmacy Stop & Shop Pharmacy Target Tom Thumb Pharmacy U Save It Vons Pharmacy Walgreens Walmart Wegman Food Market Winn Dixie



### America's Most Reliable Telemedicine Network™

# **HEALTH CARE MADE EASY**

1.800MD provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. 1.800MD physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. Best of all, there is no cost to you or your family for this service. **No Co-payment & No Deductible**.

### COMMON CONDITIONS TREATED:

- Allergies
- Arthritic Pain
- Bronchitis
- · Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary TractInfections

And many other non-emergency conditions...

## STEP 1 Activate STEP 2 Request a Consult S

### Activate your account

online or by calling member services. Once activated, you will need to setup you member profile and complete your electronic health record.

### Login to your account

online or call member services at 1.800.530.8666 to request a consult anytime 24/7.

### STEP 3 Receive Care

### Receive diagnosis

and treatment, giving you quality care and peace of mind wherever you are.

# Talk to a doctor anytime day or night... for FREE.

You may have a cost at the pharmacy for the prescription.



1.800.**530.8666** www.**1800MD**.com

## FOR MORE INFORMATION CONTACT



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