



HCAOA Benefit Plans

**Affordable Benefits for
Everyday People**

BENEFIT PLANS



PREFERRED BENEFIT
consultants

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	-	\$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	-	-	-	\$2,500 – 1 day per calendar year
Daily Hospital Confinement	-	-	-	\$100 per day 31 days per confinement
Outpatient Surgery	-	-	-	\$500 / 1 day per year 20% Anesthesia
Off the job Accidental Injury Benefit	-	-	-	\$200.00 / 1 day per accident 5 accidents per year
Employee Discount Card	-	-	-	Included
Health Advocate Services	-	-	-	Included
PPO Network	-	-	-	Included
Virtual Health				
24/7/365 Telehealth	Included	Included	Included	Included
benieWALLET	Included	Included	Included	Included
Behavioral Health	-	-	\$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 copay

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 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 Frames			
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



BETTER CARE
MADE SIMPLE



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

*3x per year
Drug must be covered under our formulary.



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 www.mysmithrx.com.



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



Formulary Changes

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 www.mysmithrx.com 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 limits ensure that members use these medications in the most effective way and help the Plan control medication costs. A team 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 will be covered per prescription or for a 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
Food 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
Meijer 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

CONVENIENT
CARE ANYWHERE

1.800MD™

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 Tract Infections

And many other non-emergency conditions...

STEP 1 Activate STEP 2 Request a Consult STEP 3 Receive Care

Activate your account
online or by calling member services. Once activated, you will need to setup your 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.

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

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