



 SENIOR
Helpers®

**Affordable Benefits
for Everyday People**

BENEFIT PLANS



PREFERRED BENEFIT
CONSULTANTS

PPO Benefit Summary

Monthly Rates	WellCare	PrimeCare	OptimaCare	EliteCare+
Employee Only	\$52	\$66	\$132	\$177
Employee + Spouse	\$97	\$124	\$257	\$347
Employee + Child(ren)	\$97	\$124	\$257	\$347
Employee + Family	\$142	\$184	\$382	\$517

Benefit Summary	WellCare	PrimeCare	OptimaCare	EliteCare+
Annual Deductible	-	-	-	-
Out-of-Pocket Max (for covered services)	-	-	-	-
Preventive / Wellness	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visits	-	\$15 copay (3 per year, then Network Discount)	\$15 copay	\$15 copay
Specialist Visits	-	-	Network Discount	\$15 copay
Urgent Care	-	-	\$50 copay	\$50 copay
Labs	-	-	Network Discount	\$50 copay
X-Rays	-	-	Network Discount	\$50 copay

Indemnity Summary	WellCare	PrimeCare	OptimaCare	EliteCare+
Initial Hospital	-	-	-	\$1250 / 1 day per year
Daily Hospital	-	-	-	\$100 per day / 31 days per year
Inpatient Surgery Benefit / Outpatient Major Surgery	-	-	-	\$250

Value Adds	WellCare	PrimeCare	OptimaCare	EliteCare+
Telemedicine	Unlimited - \$0 copay	Unlimited - \$0 copay	Unlimited - \$0 copay	Unlimited - \$0 copay
PPO Network	Multiplan	Multiplan	Multiplan	Multiplan
Employee Perks Program	BenefitHub	BenefitHub	BenefitHub	BenefitHub
benieWALLET	Included	Included	Included	Included
Behavioral Health	-	\$50 fee first 3 visits, \$85 fee after	\$50 fee first 3 visits, \$85 fee after	\$50 fee first 3 visits, \$85 fee after

Rx Benefits	WellCare	PrimeCare	OptimaCare	EliteCare+
Generic Rx	Discount Only	Tier 1: \$15 or less Tier 2: \$30 or less	Tier 1: \$15 or less Tier 2: \$30 or less	Tier 1: \$15 or less Tier 2: \$30 or less
Brand Rx	Discount Only	Tier 3: \$50 or less Tier 4: \$75 or less	Tier 3: \$50 or less Tier 4: \$75 or less	Tier 3: \$50 or less Tier 4: \$75 or less

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.

DELTA DENTAL PLAN

Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$44.15	\$88.18	\$83.46	\$134.98

Dental Benefits	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Maximum Benefit	\$1,500 per insured person	\$1,500 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

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**

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

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

**No
waiting
periods!**

VSP VISION PLAN

Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$9.97	\$19.89	\$20.88	\$34.84

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"

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.

SENIOR Helpers®

VOLUNTARY INSURANCE PLANS

Plans that provide employees with additional coverage to help offset the potential out-of-pocket costs associated with hospitalization, accidents, critical illness or ultimately death.



INDIVIDUAL/FAMILY POLICIES:

- **Accident:** Helps with medical and out-of-pocket expenses after a covered injury, including treatment-related costs and everyday bills.
- **Short Term Disability:** Provides a source of income if a disability due to covered accident or illness.
- **Hospital:** A Hospital Confinement Insurance policy can help ease the financial burden of hospital stays by providing cash benefits.
- **Cancer:** For help with the high out-of-pocket costs associated with cancer – beyond what health insurance may cover – so you can focus on recovery, not finances.
- **Critical Care:** Assists with the cost of treatment in the event of a covered critical illness such as a heart attack, stroke or paralysis.
- **Life Insurance:** For assistance with end-of-life expenses and to help provide financial peace of mind to loved ones.

We can help provide financial protection if you get sick or hurt, with benefits paid directly to you – not to doctors or hospitals.

Suzanne DiCioccio

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