



Healthcare Benefit Plans

Comprehensive care, outpatient care, wellness & preventive care, virtual care, prescription, and lab benefits that make sense - Affordable, Reliable, Accessible.



A BETTER APPROACH HEALTHCARE **BENEFITS**

The need for reliable and affordable healthcare benefits is greater than ever in today's economy.

For many Americans, the cost of traditional high deductible - high premium healthcare plans can make them unaffordable to have or use; and short term medical plans that require requalification every period are simply not a viable solution for long term healthcare needs.

What's needed are healthcare benefit plans - with fixed low monthly rates and low out of pocket cost; that are easy to understand; and most importantly, that are easy to access and use.

Welcome to

 **Benefits**

*be smart about your health and
your healthcare benefits*

CHOOSE THE PLAN

that best meets your healthcare needs

	SHC VirtualCare	SHC ProCare	SHC EliteCare	SHC EliteCare Complete
Virtual Primary Care Virtual Urgent Care	✓	✓	✓	✓
Virtual Behavioral Health/Therapy	✓	✓	✓	✓
Prescription Benefits	✓	✓	✓	✓
Basic Lab Testing & Screenings	✓	✓	✓	✓
Urgent Care Visits		✓	✓	✓
Primary Care Office Visits			✓	✓
Specialist Physician Office Visits			✓	✓
Annual Wellness & Preventive Care			✓	✓
X-rays			✓	✓
Emergency Room Visits				✓
Hospitalization, ICU, Sub-acute ICU				✓
Surgery (inpatient / outpatient) includes surgeon, anesthesia and facility fees				✓
Physical rehabilitation (inpatient/outpatient)				✓
Catastrophic Illness and Disease				✓
Advanced Diagnostic Imaging				✓
Maternity includes physician visits, delivery, hospital stay, NICU, Sub-acute NICU				✓
End of Life Benefits				✓
	starting @ \$69/month includes family coverage at no additional cost. unlimited use. no copays. no fees for virtual care services.	starting @ \$139/month unlimited virtual care and urgent care visits. low copays. no annual or lifetime benefit max.	starting @ \$269/month unlimited virtual care, doctor and urgent care visits. low copays. no deductibles. no annual or lifetime benefit max.	starting @ \$395/month unlimited doctor visits, Rx, labs. low copays. low out of pocket cost for comprehensive care with no annual or lifetime benefit max.

1

Review the benefits and
choose the plan that
best meets your
healthcare needs

**Saving on healthcare
benefits has never
been so easy...**

2

Get an immediate quote
delivered in minutes
visit us at
smarthealthcompany.com

3

Start Saving Today!
Complete your
enrollment online or call
us to speak with a
licensed benefits advisor
for assistance.

SHC EliteCare Complete Plan



Unlimited primary care, specialist, and urgent care visits; plus labs & rx.



Hospitalization, ER, surgery, advanced diagnostic labs & imaging, maternity & more



Complete annual wellness & preventive care for men, women, & children



Enhanced telehealth with unlimited virtual urgent care; plus virtual behavioral health



Low monthly rates starting @ \$395 & low out of pocket cost for comprehensive care

SHC EliteCare Complete Plan

OUTPATIENT SUMMARY OF BENEFITS

MEDICAL BENEFITS ¹	Description
Preventive & Wellness Care	Covered 100%. (See preventive care benefit schedule)
Primary Care / Specialist Physician Visit	\$15 Copay. No Deductible. Unlimited use.
Urgent Care Visit	\$50 Copay. No Deductible. Unlimited use.
Laboratory Services / X-rays	\$50 Copay. No Deductible. Unlimited use.
Prescription Drugs ²	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$50 copay Tier 4: \$75 copay Unlimited use. No Deductible.

VIRTUAL HEALTH BENEFITS ³	Description
24/7 Virtual Urgent Care	Covered 100%. No fees. Unlimited use.
Virtual Behavioral Health	\$50 fee for 1st three visits. \$85 thereafter. Unlimited use.

- (1) The EliteCare plan excludes out of network services and covers only the services listed above and on the preventive care benefit schedule.
- (2) Prescription drug benefits are subject to the formulary drug list. To review the formulary visit www.sbmabenefits.com/pure-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.
- (3) Recuro Health's Virtual Care program includes unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video, or messaging and connects members with a Psychiatrist or Licensed Counselor through secure and private online video or phones sessions at \$50 each (first 3 visits - \$85 after).



Locating a participating physician

By Phone: 800.457.1309

Online: www.multiplan.com/sbmaspecificservices

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



Recuro 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 Psychiatrist or Licensed Counselor whenever and wherever they need it
Access care via your HealthWallet mobile app or call 1-855-6RECURO



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.



SHC EliteCare Complete Plan

PREVENTIVE CARE SUMMARY OF BENEFITS

Network: Multiplan PHCS, in-network only benefits

Annual Wellness Exam

- Max. benefit: 1 exam per year per insured - History, Wellness Exam, Measurements (height, weight, body mass index)
- Age and biological gender specific preventive care services, as detailed below
- Preventive care services not listed are not covered

Adults (age 18+)

- 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

Women (age 18+)

- 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
- 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
- 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
- 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

Children (age 0-17)

- 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
- 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 influenzae 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

SHC EliteCare Complete Plan

COMPREHENSIVE CARE SUMMARY OF BENEFITS

MEDICAL SHARE PLAN REQUIREMENT & IUA	Description
Network requirement for comprehensive care	No network requirement.
Annual / Lifetime benefit max	No annual or lifetime benefit max
Initial Unshareable Amount (out of pocket cost)	\$5000, \$2500, or \$1000 for 1st three medical sharing needs per plan within a 12 month period; after \$0.

MEDICAL SHARE PLAN BENEFITS	Description
Emergency Room Visits	Plan pays 100% after IUA met.
Hospitalization, ICU, Sub-acute ICU	Plan pays 100% after IUA met.
Surgery (inpatient / outpatient) includes surgeon, anesthesia and facility fees	Plan pays 100% after IUA met.
Physician & specialist visits (inpatient/outpatient)	Plan pays 100% after IUA met.
Physical rehabilitation (inpatient/outpatient)	Plan pays 100% after IUA met.
Catastrophic Illness and Disease (diagnosis / treatment)	Plan pays 100% after IUA met.
Advanced Diagnostic Imaging & Labs includes lab tests, X-ray, MRI, CT, PET, EEG, gastroenterology	Plan pays 100% after IUA met.
Maternity includes prenatal physician & OBGYN visits; birth (at home, birth center,hospital); surgery; hospital stay (mother & child); and emergency room with admission.	Plan pays 100% after IUA met.
End of Life Benefits Shareable for all services required at time of death for a participating active member.- paid one time per decedent	Primary or Spouse \$10,000 Child \$2,500

The SHC EliteCare Complete Plan facilitates comprehensive care benefits through a medical sharing plan. This portion of the plan benefit contains specific limitations and exclusions for pre-existing conditions.

What is a medical share plan?

A medical share plan is not an insurance policy. Benefits provided in a medical share plan are organized through a 501c3 non-profit for the purpose of sharing medical needs (expense) within the specific community based upon the membership guidelines for the sharing plan.

As an enrolled member, you are responsible for paying your monthly fee (like a premium) and in the event of a comprehensive care need you'll be responsible for the "initial unshareable amount" or IUA (like a deductible) before the balance of the medical expense is "shared" with the community and paid according to the plan benefit guidelines (like how an insurance policy doesn't pay medical expenses until the deductible is met).

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SHC EliteCare Complete Plan

What is an IUA?

An IUA (initial unshareable amount) is the out of pocket portion the member must provide before the medical share plan contributes to the balance due for the benefit provided under the comprehensive portion of the plan. The full amount of the IUA must be paid to the provider within 6 months of the service date for the balance to be shareable under the comprehensive care plan. Once the IUA is met the comprehensive care plan provides 100% of the balance due for the shareable medical need(s) related to the comprehensive care event.

There are a maximum of 3 IUA expenses per plan regardless of the coverage level. This means that whether you're comprehensive care plan is for an individual member or for a family, the total times that you will be out of pocket for an IUA is three within a twelve month period starting from the date of the first IUA expense. There is no IUA expense after the 3rd IUA has been met within the twelve month period from the 1st comprehensive care event.

What is a comprehensive care event?

A comprehensive care event is specific to the medical care required for a single shareable medical need such as surgery, maternity, or hospitalization. A comprehensive care event includes the initial care and treatment required as well as any follow up doctor appointments, rehab, or an additional medical care related to the initial shareable medical need.

This means treatment for a broken leg is considered 1 event; treatment for a dislocated shoulder would be considered a 2nd event; and pregnancy and delivery would be a 3rd event if they all occurred within the twelve period from the date of the 1st event. If no additional shareable comprehensive care events occur within the twelve month period, the next shareable comprehensive care event would require an IUA, and the twelve month period would restart from the date of that event.

Pre-existing Conditions Definition:

A medical condition is not considered as "pre-existing" if the patient has been symptom and treatment free for a period of 24 months or more. Medical needs that arise from conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership.

Any illness or injury for which a person has been examined; taken medication; had symptoms; or received medical treatment within 24 months prior to the effective date of membership is considered a pre-existing condition. For more information, please refer to the membership guidelines or contact the medical share plan support team.

Please note:

Medical needs that existed prior to membership may still qualify for sharing through the Additional Giving Fund. Review the medical share plan membership guidelines for complete details.

Exceptions for High Blood Pressure, Cholesterol, and Diabetes

High blood pressure, high cholesterol, and diabetes (types 1 and 2) will not be considered pre-existing conditions as long as the member has not been hospitalized for the condition in the 12 months prior to enrollment and is able to control it through medication and/or diet.

Exceptions for Other Medical Conditions

The Comprehensive Care Plan recognizes that each member's situation is different. We reserve the right to make exceptions for certain medical conditions on a case-by-case basis. The Comprehensive Care Plan makes decisions in service to the community as a whole.

Pre-Existing Condition Phase-In Period

Pre-existing conditions have a phase-in period wherein sharing is limited. Starting from the initial enrollment date, members have a one-year waiting period before pre-existing conditions are shareable. After the first year, pre-existing needs are eligible for sharing on a limited basis, with the amount increasing each membership year. Members are never required to pay a second IUA for the same need, including pre-existing conditions.

The medical share plan attempts to negotiate all medical bills received. Even if a pre-existing condition is not shareable, members may still receive discounts for their services through negotiation.

Shareable amounts for pre-existing conditions:

YEAR 1: \$0 (waiting period)

YEAR 2: \$25,000 max

YEAR 3: \$50,000 max

YEAR 4: \$125,000 max

SHC EliteCare Plan



Unlimited primary care, specialist, and urgent care visits; plus labs & rx.



Complete annual wellness & preventive care for men, women, & children



Enhanced telehealth with unlimited virtual urgent care; plus virtual behavioral health



Low monthly rates starting @ \$249 & no deductibles for outpatient care

SHC Benefits

SHC EliteCare Plan

SUMMARY OF BENEFITS

MEDICAL BENEFITS ¹	Description
Preventive & Wellness Care	Covered 100%. (See preventive care benefit schedule)
Primary Care / Specialist Physician Visit	\$15 Copay. No Deductible. Unlimited use.
Urgent Care Visit	\$50 Copay. No Deductible. Unlimited use.
Laboratory Services / X-rays	\$50 Copay. No Deductible. Unlimited use.
Prescription Drugs ²	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$50 copay Tier 4: \$75 copay Unlimited use. No Deductible.

VIRTUAL HEALTH BENEFITS ³	Description
24/7 Virtual Urgent Care	Covered 100%. No fees. Unlimited use.
Virtual Behavioral Health	\$50 fee for 1st three visits. \$85 thereafter. Unlimited use.

- (1) The EliteCare plan excludes out of network services and covers only the services listed above and on the preventive care benefit schedule.
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 24/7 access to board-certified doctors for treatment of urgent medical concerns
 Virtual access to a Psychiatrist or Licensed Counselor whenever and wherever they need it
 Access care via your HealthWallet mobile app or call 1-855-6RECURO



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.



SHC EliteCare Plan

PREVENTIVE CARE SUMMARY OF BENEFITS

Network: Multiplan PHCS, in-network only benefits

Annual Wellness Exam

- Max. benefit: 1 exam per year per insured - History, Wellness Exam, Measurements (height, weight, body mass index)
- Age and biological gender specific preventive care services, as detailed below
- Preventive care services not listed are not covered

Adults (age 18+)

- 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
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- 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
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- HIV screening for everyone age 15 to 65, and other ages at increased risk
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- 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
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- 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

Women (age 18+)

- 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
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- 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
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- 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
- 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
- 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

Children (age 0-17)

- 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
- 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 influenzae 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

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SHC ProCare Plan



Unlimited urgent care visits and prescription benefits



\$0 copays for lab tests and screenings



Unlimited 24/7 virtual urgent care



Low monthly rates starting @ \$139

 **Benefits**

SHC ProCare Plan

SUMMARY OF BENEFITS

MEDICAL BENEFITS	Description
Urgent Care Visits ¹	\$30 copay. Max. benefit paid per visit \$150. Unlimited visits. Appointments scheduled through our 24/7 customer care team.
Lab Testng and Screenings	\$0 Copay. No Deductible. Unlimited use. See QuestSelect benefit section for details
Basic Rx Plan ²	See Basic Rx Plan benefit section for details
Free Acute Rx Meds ¹	Members can obtain generic medication at no charge using the CCP formulary.
VIRTUAL HEALTH BENEFITS	Description
Virtual Urgent Care ¹	24/7 access to US based physicians for acute illness and minor injuries. No copay. No consult fees. Unlimited use.

- (1) All in-person urgent care visits, virtual urgent care visits, and the free acute rx med benefits are facilitated through the ConvenientCare Plus network only.
(2) Prescription drug benefits are subject to the formulary drug list. To review the formulary visit www.drex.com 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 urgent care clinic

By Phone: 855.900.8701

Online: <https://convenientcareplus.com/find-a-clinic/>

CCP formulary

CCP covers the cost for medications with these specific dosages only; if the dosage is different than listed above, the costs are to be paid for by the member. Generic RX Program only available with CCP Clinic or Telehealth member visits. There are no plan maximum utilization limits for the Acute Rx Meds benefit.

Amoxicillin

Amoxicillin Cap 500MG
Amoxicillin Liquid (Oral Suspension) 125MG per 5ML
Amoxicillin Liquid (Oral Suspension) 200MG per 5ML
Amoxicillin Liquid (Oral Suspension) 250MG per 5ML

Cephalexin

Cephalexin Cap 500MG

Bactrim (Sulfa)

Sulfamethoxazole/Trimetho Prim Ds Tab 800-160MG
Sulfamethoxazole/Trimetho Tab 400-80MG

Cipro

Ciprofloxacin Hcl Tab 500MG

Zithromax Z-pac (azithromycin)

Azithromycin 250MG 6-pack

Prednisone

Prednisone Tab 5MG
Prednisone Tab 10MG
Prednisone Tab 20MG
Prednisone Tab 15MG/15ML Syr (liquid for kids)

Ibuprofen 400-800MG Rx

Ibuprofen 400MG Tab
Ibuprofen 600MG Tab
Ibuprofen 800MG Tab

Hydrocortisone Cream/Ointment

Hydrocortisone Cream 1%
Hydrocortisone Cream 2.5%
Hydrocortisone Ointment .5%
Hydrocortisone Ointment 1%
Hydrocortisone Ointment 2.5%

Triamcinolone Cream/Ointment

Triamcinolone Acetonide Ointment .1%

OTC Stomach Acid

Peppid/Famotidine 20MG

OTC Allergy/Eye

Zaditor/Ketotifen (eye drops)
Clariton/Loratidine 10MG
Cetirizine 10MG

Naproxen

Naproxen Tab 500MG

Meclizine

Meclizine Hcl 12.5 Tab

Flexeril

Cyclobenzaprine Hcl Tab 10MG
Cyclobenzaprine Hcl Tab 5MG



SHC ProCare Plan

Basic Rx Plan

The Basic Rx plan is a sophisticated pharmacy subscription plan that helps to make managing the cost and availability of prescriptions more convenient and affordable by providing you with a virtual assistant that helps you choose the best place to get your prescription and save.



- Over 200 acute and chronic medications featuring our exclusive \$1.00 per medication formulary
- Thousands of medications under \$20
- Guaranteed lowest network rate on all non-formulary medications
- Eligible meds can be purchased at more than 65,000+ US pharmacy locations
- Home delivery is available for medications.
- Rx Virtual Assistant + full Rx member support
- Prescription Assistance Program access directly from your app

Prescription Assistance Program - Relief for Those High-Priced Medications is Possible

The Prescription Assistance Programs (PAPs) are available from pharmaceutical manufacturers, foundations, or government and non-government entities.

Our PAP is the most comprehensive discounted high-cost medication platform available in the U.S. We provide a program that can save thousands of dollars and will instantly tell the member if PAP is available for that drug, all within our website and Rx app.

If there's a member on a medication that qualifies, we will assist them in verifying eligibility for this valuable program.

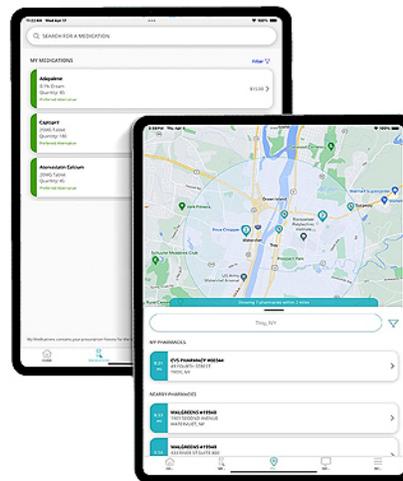
PAP Program Example : Jardiance | 10mg/30tabs | Retail: \$581 | PAP Cost: \$100

Easy to Use

You will receive an electronic and printable membership card that can be presented at virtually any retail pharmacy.

Finding the cost for your medication and nearest participating pharmacy location is simple to do through our pharmacy member website. And, our professional and helpful Rx member service team is here to assist both you and your pharmacist with getting your prescription filled.

1. Look up your medication to know exactly what you'll need to pay
2. Find the nearest participating pharmacy location
3. Present your Rx ID Card and pick up your medication



Drex
An AMPS Company

SHC ProCare Plan

QuestSelect

70% of medical decisions are based on lab results.* They're a necessity. So they shouldn't be expensive.

Chances are, each of us will need lab testing at some point. It's a routine part of healthcare. But lab tests can be expensive. In some healthcare systems, in-house lab testing can cost 3 to 5 times more than what you'd pay at Quest.**

Fortunately, you have a choice in where your labs are processed. With QuestSelect, you have the power to pay less for this critical aspect of your healthcare-without compromising quality.

*Data source: Kalorama Information, Clinical Laboratory Market Intelligence Report, December 2013 **Based on internal data

\$0 COPAY LABORATORY DIAGNOSTICS

This Quest Diagnostics is a value-added health benefit that can help save you money on outpatient laboratory testing. When you show your healthcare provider your Quest Diagnostics card to obtain outpatient testing, there is no cost to you! There are no copays, deductibles, and no coinsurance

SAVING WITH QUESTSELECT IS SIMPLE

To receive the benefits of the Quest Diagnostics Advanced Program you must present your Member ID card or Healthcare ID card with the Quest Diagnostics logo on it at the time of each service, and request your provider send your laboratory testing order to Quest Diagnostics. QuestSelect covers routine outpatient testing. Be sure to let your physician know you're a QuestSelect member.

- 1 ACCESS YOUR QUEST MEMBER PORTAL**
Create your QuestSelect account and get immediate access to your lab benefits on your effective date. You can set appointments and view your lab results directly from your Quest Member Portal.
- 2 FIND A LOCATION**
Locating a lab testing facility is easy with QuestSelect, simply go online at <https://appointment.questdiagnostics.com/find-location/as-location-finder>
- 3 PRESENT YOUR QUESTSELECT MEMBER ID CARD**
Present your Member ID card at your appointment and ask for your lab work to be sent to Quest.

If the office doesn't use Quest for testing you can ask the provider to call the Quest Diagnostics lab line to request a pickup. You can ask your provider for a written order to have your lab work collected at an approved Quest Patient Service Center (PSC) location.

Testing is completed by Quest and results are sent to your provider. You can also access your results through the Member Portal.

QuestSelect™

SHC VirtualCare Plan



Unlimited virtual primary care
no copays, fees, or deductibles



24/7/365 Unlimited virtual
urgent care; no copays, fees, or
deductibles



24/7/365 unlimited virtual
behavioral health; no copays,
fees, or deductibles



Prescriptions and discounted
lab test & screening benefits



One low monthly rate provides
benefits for the whole family
(primary, spouse, and children)

SHC VirtualCare Plan

24/7 Virtual Care Benefit

Virtual Primary Care - \$0 Consult Fee:

Receive an in-depth consultation with a primary care physician to manage routine and on-going health conditions. Find the right Primary Care provider and schedule an appointment using the proximity, gender, language and availability smart locator. Virtual Primary Care visits are \$0 per visit. Virtual Primary Care visits are available by scheduled appointment only.

When to Use?

- Treatment of common illnesses
- Preventive care
- Lab Tests & Result Interpretation
- Routine Screenings
- Referrals to Medical Specialists
- Condition Management

Virtual Urgent Care - \$0 Consult Fee:

24/7/ 365 on-demand access to licensed physicians for diagnosis and medication as needed. Obtain medical advice, recommendations, diagnoses, and prescription medication, when appropriate. Virtual Urgent Care visits are \$0 per visit. Virtual Urgent Care visits are available on-demand 24/7 (i.e. they are not scheduled)

When to Use?

- | | | | |
|-------------------------------|---------------------|----------------------------|--------------------------|
| • Acne | • Allergies | • Alopecia (Hair Loss) | • Asthma |
| • Birth Control | • Boils | • Cold & Flu | • Cold Sores |
| • Cough | • COVID-19 symptoms | • Cysts | • Dermatitis |
| • Diabetes (Type 2) | • Ear Pain | • Eczema | • Fungal Skin Infections |
| • Folliculitis | • Headache | • High Cholesterol | • High Blood Pressure |
| • Hives | • Insect Bites | • Keratosis | • Medication Refills |
| • Obesity | • Pink Eye | • Prediabetes | • Rash |
| • Rosacea | • Routine Care | • Sinus Problems | • Sore Throat |
| • Skin Pigmentation Disorders | • Warts | • Suspicious Spots & Moles | • Thyroid Issues |
| • UTI | | • Wellness Screenings | • Yeast Infections |

Virtual Behavioral Health

Consult with a licensed Counselor for a one-on-one session to assess your symptoms, evaluate your medical, psychiatric, and family history, and help decide on a course of action moving forward. You can also connect with a U.S. based board-certified Psychiatrist who can diagnose, treat, and prescribe medications for a range of mental health disorders, as necessary.

Counseling sessions are \$0 per visit.

Psychiatry appointments are \$240 for the initial visit and \$140 for each additional follow-up visit.

When to Use?

- | | | |
|-----------------------|--------------------|------------------|
| • Depression | • Bipolar Disorder | • Addiction |
| • Stress Management | • Life Changes | • Grief and Loss |
| • Relationship Issues | • Trauma & PTSD | • And more |

Virtual Behavioral Health visits are available by scheduled appointment only. Appointments are available Monday - Friday 8 am - 5 pm Central Time

SHC VirtualCare Plan

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1. Look up your medication to know exactly what you'll need to pay
2. Find the nearest participating pharmacy location
3. Present your Rx ID Card and pick up your medication



Discounted Lab Tests & Screenings

Labs can be ordered by your virtual care physician or order directly yourself; you can access and order from thousands of lab tests, including those not normally covered by most health plan, at your convenience. You can review your results anytime and anywhere from the comfort of your home or on the go.

You'll not only save money with our discounted tests of up to 90%, but you also have peace of mind knowing your health data is safe, secure, and confidential.

Dynamic reports allow you to understand and manage your health proactively with clear insights into your test results and health status.

How It Works

1. Order your lab tests directly online or via your virtual care physician
2. If needed, get your blood drawn at one of our 2,500 approved patient service centers nationally near you and get direct discounted savings on service.
3. Review your test results and biomarkers online or with your virtual primary care doctor.
4. Track your progress; consult with your healthcare provider and retest.
5. Consult Your Healthcare Provider

Over 2,500 approved patient centers and 2,000+ lab tests and screening panels are available for categories such as

Allergy Testing	Anemia Tests	Anti-Aging Lab Tests
Arthritis Tests	Autoimmune Tests	Blood Disorder Tests
Bone & Joint Tests	Cancer Screening	Cognitive Test
Diabetes Tests	Digestive System Tests	Drug & Alcohol Tests
Employment Test	Exposure Tests	Fitness & Performance Tests
General Health Tests	Genetic Disorder Testing	Heart & Cardiovascular Tests
Hormone Tests	Immunity & Titer Tests	Infectious Disease Testing
Inflammation Tests	Kidney Tests	Liver Tests
Men's Health Blood Tests	Neurological Diseases	Nutrition Test
Pregnancy and Fertility Tests	STD Testing	Stress and Fatigue Tests
Thyroid Test	Vitamin & Mineral Tests	Weight Management Tests
Wellness Lab Tests	Women's Health Tests	

SHC Benefit Enhancements

Benefit enhancements are voluntary benefits designed to provide you and your family with additional coverages for medical and health related issues not normally provided for by your primary healthcare benefit plan such as dental and vision; direct cash benefits to covered everyday life expenses when your hospitalized or injured; reduction of copays or out of pocket expenses for medical services; and end of life benefits for your loved ones.



SHC Benefit Enhancements

ExtendedCare Plan

- HOSPITAL ADMISSION & CONFINEMENT BENEFITS
- ACCIDENT INJURY BENEFITS FOR URGENT CARE & ER
- INPATIENT & OUTPATIENT SURGERY BENEFITS
- CRITICAL ILLNESS BENEFITS HEART ATTACK, STROKE, AND CANCER



PROTECT YOURSELF AND YOUR FAMILY FROM UNEXPECTED MEDICAL COSTS AND LOWER YOUR OUT OF POCKET EXPOSURE

Unexpected accidents, serious illnesses, and medical costs are an unfortunate reality we all have to face, but that doesn't mean that you can't be prepared. The ExtendedCare Plans through Mutual of Omaha provide a direct cash benefits paid to you in the event of covered hospitalization, surgery, accident injury, or critical illness events.

Cash indemnity benefits can be used to offset out of pocket expenses or personal expenses that often accompany these medical emergencies.

ExtendedCare provides two plan types depending on your needs and dependent coverage is available. Benefit amounts are per insured person.



Hospital Benefits	High Plan	Low Plan
Hospital Admission (limit 3 per year)	\$2,000	\$1,000
Hospital Stay (limit 30days per year)	\$50/day	\$50/day
Outpatient Surgery (limit 1 per year)	\$75 physician office \$250 hospital	\$75 physician office \$250 hospital
Inpatient Surgery (limit 1 per year)	\$1,000	\$500
Accident Injury Benefits	High Plan	Low Plan
Urgent Care (limit 1 per year)	\$200	\$100
Diagnostic Testing (limit 1 per year)	\$200	N/A
Accident Hospital Confinement (up to 30 days per year)	\$200 per day	N/A
Intensive Care Unit Admission (limit 1 per year)	\$400	N/A
Emergency Room (limit 1 per year)	\$500	\$500
Outpatient Surgery (limit 1 per year) – In a Physician's Office	\$500	\$500
Outpatient Surgery (limit 1 per year) – In a Hospital or Freestanding Surgical Center	\$2,000	\$2,000
Inpatient Surgery (limit 1 per year)	\$2,000	\$2,000
Critical Illness Benefits	High Plan	Low Plan
Individual / Spouse / Child	\$10k / \$5k / \$2.5k	\$5k / \$2k / \$1k
Heart Attack (Myocardial Infarction), Stroke, Major Organ Transplant, End-Stage Renal Failure & Invasive Cancer	100% of principle sum	100% of principle sum
Coronary Artery Bypass & Carcinoma in Situ	25% of principle sum	25% of principle sum
Health Screening (1 time per year)	\$50	\$50

SHC Benefit Enhancements

Dental+Vision Insurance

The Dental+Vision Insurance Plan is a direct reimbursement combination plan that pays for covered dental and vision services direct to you. See any dental or vision provider that you prefer and tell them you are a “cash pay” customer, then submit your bill and receipt through the online claims link and get reimbursed based on the procedure cost reimbursement schedule.

DENTAL+VISION PLAN SCHEDULE OF BENEFITS

Requirements & Rembursement

Network	No network requirement .	
Maximum Benefit	Benefits for dental and vision are combined. Benefit is based on an aggregate total of accumulated expenses per covered person during the calendar year. \$1000/ year/ insured	
Procedure Cost Reimbursement	up to \$150.00	100%
	\$150.01-\$250.00	75%
	\$250.01-\$1800.00	50%
	\$1800.01+	0%
Waiting Period	No waiting period.	

Covered Dental Procedures

Dental Class 1 - Preventive & Diagnostic Care.

Covered services: oral exams, routine cleanings, full mouth x-rays, bite-wing x-rays, panoramic x-rays, fluoride application, sealants, and histological examinations.

Dental Class 2 - Basic Restorative Care.

Covered services: fillings, periapical x-rays, anesthetics, space maintainers, emergency care to relieve pain, root canal therapy, endodontics, periodontal scaling, root planing, simple extractions, oral surgery except simple extractions, and surgical extraction of impacted teeth.

Dental Class 3 - Major Restorative Care.

Covered services: crowns, dentures, bridges, inlays, onlays, prosthesis over implant, repair to bridges / crowns / inlays, and denture adjustments and repairs.

Covered Vision Procedures

Vision Care

Covered services: routine examinations services, eye glass lenses (single, bifocal, trifocal), eye glass frames, contact lenses, lens sealants, and histological examinations.

No Waiting Periods

Get full access to benefits from your effective date

No Network Requirement

Choose see any dentist or vision specialist for any covered services

Direct Reimbursement

The plan pays you directly for all covered services received



DISCLAIMER NOTICE: THIS BROCHURE IS A DIRECT SOLICITATION FOR HEALTHCARE BENEFITS AND ONLY PROVIDES A BRIEF DESCRIPTION OF KEY BENEFIT FEATURES. ONLY THE ACTUAL PLAN BENEFIT PROVISIONS OR POLICY WILL CONTROL BENEFIT AVAILABILITY AND ANY LIMITATIONS OR EXCLUSIONS INCLUDING THOSE FOR PRE-EXISTING CONDITIONS. BENEFIT PLANS FEATURED MAY CONTAIN BOTH INSURED AND/OR NON-INSURANCE BENEFITS. NO BENEFIT PLANS FEATURED ARE ACA QUALIFIED MAJOR MEDICAL HEALTH INSURANCE PLANS. NO BENEFIT PLANS FEATURED ARE INTENDED TO REPLACE ANY IN FORCE MAJOR MEDICAL INSURANCE PLAN OR BE A SUBSTITUTE FOR ANY INDIVIDUAL REQUIRING SUCH COVERAGE. ALL BENEFIT PLANS FEATURED ARE VOLUNTARY. PLAN PROVISION AND POLICY DOCUMENTS ARE AVAILABLE UPON REQUEST VIA AN AUTHORIZED AND LICENSED INSURANCE AGENT. SMARthealth COMPANY NOR THE INSURANCE AGENT IS AN UNDERWRITER OR DIRECT BENEFIT PROVIDER FOR ANY POLICY OR SERVICE DESCRIBED HEREIN. ALL CLAIMS ARE ADJUDICATED AND PAID BY A DESIGNATED THIRD PARTY ADMINISTRATOR APPOINTED BY THE UNDERWRITER OR BY THE DIRECT BENEFIT PROVIDER.



DISCLOSURE / DISCLAIMER NOTICES

The benefits and plans featured in this brochure are not major medical insurance and are not intended to replace any major medical policy in force or to be a substitute for any individual who requires the necessary coverage provided by a major medical insurance plan. No benefits or plans featured in this brochure are “qualified healthcare plans” as defined by the Affordable Care Act. All benefits featured in this brochure are voluntary. The plan benefits featured in this brochure may be comprised of both insured and non-insurance benefits and include limitations and exclusions specific to their respective underwriter and/or benefits provider. All benefits herein are subject to the terms, conditions, limitations, and exclusions as specified by the insurance underwriter or non-insurance benefit provider including but not limited to pre-existing conditions. Benefits may be subject to additional state regulations, limitations, and exclusions; or may not be available in some states. The unavailability of benefits due to state restrictions does not constitute a reduction in overall insurance premiums and fees due. The benefits and benefit providers contained herein may be subject to change without notice.

This brochure is a direct solicitation for healthcare benefit products and services offered through The SmartHealth Company, LLC, and its affiliates. There is no guarantee, either implied or inferred, that any benefits, products, or services featured in this brochure will meet all the healthcare needs of any enrollee without exception. It is solely the determination and decision of the enrollee as to the suitability of these benefit plans for their own personal health care needs and medical requirements.

This brochure only provides a brief description of the key features of benefits. Only the actual plan benefit provisions and/or policy will control benefit availability and any provider limitations or exclusions. Therefore, it is important that you review the provider plan benefit document and/or policy. It is recommended that you discuss any questions or concerns regarding any benefits with an authorized licensed health insurance agent prior to enrollment. You may request to review policies and plan benefit provisions by contacting The SmartHealth Company LLC or its authorized licensed insurance agent representative.

The SmartHealth Company LLC; the licensed insurance agent; nor the SmartHealth affiliate partner presenting these healthcare benefit plans is an underwriter or direct benefits provider and does not pay claims. Neither does SmartHealth Company LLC; the licensed insurance agent; or the SmartHealth affiliate partner have any authority to adjudicate claims, in any manner, for any enrollee on behalf of any underwriter or non-insurance benefits provider.

Payment of the monthly insurance premiums and fees due are the sole responsibility of the enrollee. Collection and remittance of insurance premiums and fees; as well as any claims adjudication are administered by a third-party administrator designated by the underwriter or non-insurance benefits provider; or may be directly administered by the underwriter or non-insurance benefits provider.



DISCLOSURE / DISCLAIMER NOTICES

BILLING

Billing is facilitated through First Continuity Group via the enrollment platform provided. The premiums and fees due for the benefit plan / service enrolled in will reflect the FIRST CONTINUITY name on your respective bank or financial institution monthly statement.

All premiums and fees are billed monthly in advance of the next benefit / coverage period and payment in full is required. No partial payments will be accepted. All premiums and fees are recurring payments billed on the 20th of each month and is due by the 1st of each month. The primary account holder is solely responsible for any charges or fees incurred by their bank or financial institution related to benefits / coverage for which they are actively enrolled.

If payment is not received by the 1st of the month, three re-billing attempts will be made to the payment method on file approximately on the 25th of the month prior to the next benefit / coverage period; end of the current month prior to the next benefit / coverage period; and finally on the 5th of the month during the next benefit / coverage period. Failure to remit full payment due will result in a lapse / termination of all enrolled benefits.

All billing related questions or concerns should be directed to The SmartHealth Company, LLC.

BENEFIT / COVERAGE LAPSE

Benefits / coverage will be considered as “lapsed” when payment due for monthly premiums or fees have not been fully remitted by the 5th day of the month of the current coverage period. This means that access to benefits will be restricted until full payment is received. Payment for the lapsed benefit / coverage period must be made no later than the 15th of the current benefit / coverage period month in order to have benefits / coverage reinstated.

BENEFIT / COVERAGE TERMINATION

Benefits / coverage will be considered as “terminated” based upon one of two of the following events:

Failure to remit premiums and fees due. Failure to remit premiums and fees due in full by the 15th day of the current coverage period will result in a termination of all benefits / coverage.

Receipt of written request of cancellation from the primary account holder.

Termination of benefits / coverage by either of the above methods will result in a six-month waiting before the primary account holder can re-enroll in any of the healthcare plans offered through SmartHealth Company.

CANCELLATIONS

Members may cancel benefits / coverage at any time by submitting a written request for cancellation of benefits / coverage to memberservices@smarthealthcompany.com

Cancellation requests MUST INLCUDE the following:

Name of the primary account holder

Member ID number

Specific benefit / coverage name related to the cancellation



DISCLOSURE / DISCLAIMER NOTICES

CANCELLATIONS – continued.

Cancellation requests received by the 15th of the current month will result in termination of all specified benefits / coverage effective at the end of the current benefit / coverage period. Cancellation requests received after the 15th of the current month will result in termination of all specified benefits / coverage effective at the end of the next month's benefit / coverage period.

EXAMPLE:

Request for cancellation received on 3/15/2024 – termination date 3/31/2024

Request for cancellation received on 3/16/2024 – termination date 4/30/2024

If a cancellation request is received after the 15th day of the current benefits / coverage period, billing for the next benefits / coverage period will occur on the 20th of the current of the current month.

The primary account holder will be solely responsible for any and all medical / prescription claims or bills for any such services rendered after their termination date.

REFUNDS

Refunds may be issued under the following:

Billing errors – members are entitled to a full refund for any billing errors.

Cancellation of coverage within 15 days of the initial effective date – members are entitled to a full refund if request for cancellation is received within 15 days of their initial effective date provide no claims have been received. An exception to this policy may be utilized for elderly members as defined by the regulations set forth in their respective state of residence. This exception does not negate the “no claims received” caveat.

Refunds are processed within 3 – 5 business days to allow sufficient time to verify that no claims have been received or are in process. Depending on your bank or financial institution it may take several business days for the refund to be reflected in your account.

ELIGIBILITY AND ENROLLMENT REQUIREMENTS

- Enrollment is available for all primary and spouse dependents ages 18-64.
- Enrollment is available for all child dependents ages 0-25 – child coverage will be terminated at age 26.
- Date of Birth is required for all enrollees
- Biological gender is required for all enrollees
- A valid social security number or tax id number is required for all enrollees
- Enrollment is not permitted by any individual residing in any foreign country or US Territory
- Enrollee must reside in a valid US state with respect to the benefit enrolled.
 - SHC Virtual Care Plan – not available in AK, HI
 - SHC ProCare Plan – not available in AK, HI
 - SHC EliteCare Plan – not available in AK, HI, NY, WA
 - SHC EliteCare Complete Plan – not available in AK, HI, NY, WA
- Electronic signature is required for all enrollments



SHC Benefits

HEALTHCARE BENEFITS DESIGNED FOR INDIVIDUALS,
INDEPENDENT CONTRACTORS, AND SMALL GROUPS

<https://smarthealthcompany.com>
(866) 656 -2525

Be Smart About Your Health
And Your Healthcare Benefits



AFFORDABLE RELIABLE ACCESSIBLE HEALTHCARE BENEFITS