Beni SOLUTIONS

Enrollment Kit

Prepared For:
Ho Ho Kus Inc.

Effective Date:
01/01/2026

Medical Plan Options

WellCare MEC

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$16.20	$36.97	$36.96	$53.12

Medical Benefits[1]	WellCare
Preventive / Wellness Services	Covered 100%
Primary Care	-
Specialist Visits	-
Urgent Care	-
Laboratory Services / X-Rays	-
Prescription Drug Benefits[2]	*Click for PureRx Formulary*
Copay by Drug Tier	Discount Rx Included
Virtual Health Program[3]	**Recuro**
24/7 Virtual Urgent Care (Telemedicine)	$0 Copay
Virtual Behavioral Health	-
Discount Companion Card	
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card
Plan Documentation	SBC | Plan Document

Click for Video Overview

Accessing Your Plan

Find a Provider:
- Access Provider Lookup

Access Prescriptions:
- Member Portal

Download Health Wallet Member App:
- Access Virtual Health Program (Recuro)
- View ID Card, EOBS, Benefit Information and more..

Discount Companion Card:
- Register Account

FlexCare MEC

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$39.05	$113.82	$113.82	$180.28

Medical Benefits[1]	FlexCare
Preventive / Wellness Services	Covered 100%
Primary Care	$25 Copay
Specialist Visits	Network Discount[2]
Urgent Care	$50 Copay
Laboratory Services / X-Rays	Network Discount[2]
Prescription Drug Benefits[2]	***Click for PureRx Formulary***
Copay by Drug Tier	$15 / $30 / $50 / $75
Virtual Health Program[3]	
24/7 Virtual Urgent Care	$0 Copay
Virtual Behavioral Health	$0 Copay
Discount Companion Card	
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card
Plan Documentation	**SBC | Plan Document**

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VitalCare MEC

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$49.20	$116.58	$116.58	$181.20

Medical Benefits[1]	VitalCare
Preventive / Wellness Services	Covered 100%
Primary Care	$25 Copay
Specialist Visits	$25 Copay
Urgent Care	$50 Copay
Laboratory Services / X-Rays	$50 Copay
Prescription Drug Benefits[2]	***Click for PureRx Formulary***
Copay by Drug Tier	$15 / $30 / $50 / $75
Virtual Health Program[3]	
24/7 Virtual Urgent Care	$0 Copay
Virtual Behavioral Health	$0 Copay
Discount Companion Card	
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card
Plan Documentation	**SBC | Plan Document**

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Essential MV

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Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$153.43	$306.30	$281.64	$420.42

General Information	Coverage Information	
Annual Deductible	$2,500 Individual / $5,000 Family	
Out-of-Pocket Maximum[1]	$9,100 Individual / $18,200 Family	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance after Deductible
Primary Care / Specialist Visits	$15 Copay	40% Coinsurance after Deductible
Urgent Care	$50 Copay	40% Coinsurance after Deductible
Laboratory Services / Radiology (X-ray, Ultrasound)	$50 Copay	40% Coinsurance after Deductible
Advanced Imaging[RBP] (MRI, CT/PET scan)[2] (limit 1 per year)	30% Coinsurance	
Radiology / Advanced Imaging[2] (Medmo)[3] (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Surgery[2] (limit 1 per year)	30% Coinsurance after Deductible	
Inpatient Hospitalization & Surgery[2] (limit 5 days & 2 surgeries per year)	30% Coinsurance after Deductible	
Emergency Services (limit 1 per year)	30% Coinsurance	
Additional Benefits	**In-Network**	**Out-of-Network**
Ambulance[RBP] (Ground Only) (limit 1 per year)	30% Coinsurance	
Physical / Speech / Occupational Therapy (limit 8 combined per year)	$50 Copay	40% Coinsurance after Deductible
Chiropractic Services (limit 10 per year)	$50 Copay	40% Coinsurance after Deductible
Home Health Care (limit 10 per year)	$50 Copay	40% Coinsurance after Deductible
Inpatient Mental / Behavioral Health Treatment[RBP 2] (limit 5 days per year)	30% Coinsurance after Deductible	
Outpatient Substance Abuse Treatment[2] (limit 8 days per year)	30% Coinsurance	40% Coinsurance after Deductible
Inpatient Substance Abuse Treatment[RBP 2] (limit 5 days per year)	30% Coinsurance after Deductible	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance after Deductible
Inpatient Facility[RBP 2]	30% Coinsurance after Deductible	
Prescription Drug Benefits[5]	***Click For PureRx Formulary***	
Generic (Tier 1)	$10 Copay	
Higher Tier Generics / Preferred / Non-Preferred Brand & Specialty	Discount Only	
Virtual Health Program[6]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	$0 Copay	
Quick Links	SBC | Plan Documents | Access Provider Lookup	

Click for Video Overview

Accessing Your Plan: See MV Plan Access Page

Select MV

Beni SOLUTIONS

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$181.32	$356.40	$316.43	$466.23

General Information	Coverage Information	
Annual Deductible	$0	
Out-of-Pocket Maximum[1]	$9,100 individual / $18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance
Primary Care / Specialist Visits	$15 Copay	40% Coinsurance
Urgent Care	$50 Copay	40% Coinsurance
Laboratory Services / Radiology (X-ray, Ultrasound)	$50 Copay	40% Coinsurance
Advanced Imaging[RBP] (MRI, CT/PET scan)[2] (limit 2 per year)	$350 Copay	
Radiology / Advanced Imaging[2] (Medmo)[3] (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Surgery[2] (limit 1 per year)	30% Coinsurance	
Inpatient Hospitalization & Surgery[2] (limit 7 days & 3 surgeries per year)	30% Coinsurance	
Emergency Services (limit 1 per year)	$500 Copay	
Additional Benefits	**In-Network**	**Out-of-Network**
Ambulance[RBP] (Ground Only) (limit 1 per year)	$500 Copay	
Physical / Speech / Occupational Therapy (limit 12 combined per year)	$50 Copay	40% Coinsurance
Chiropractic Services (limit 10 per year)	$50 Copay	40% Coinsurance
Home Health Care (limit 10 per year)	$50 Copay	40% Coinsurance
Inpatient Mental / Behavioral Health Treatment[RBP 2] (limit 7 days per year)	30% Coinsurance	
Outpatient Substance Abuse Treatment[2] (limit 8 days per year)	$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment[RBP 2] (limit 7 days per year)	30% Coinsurance	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	30% Coinsurance	
Prescription Drug Benefits[5]	***Click For PureRx Formulary***	
Generic (Tier 1)	$10 Copay	
Higher Tier Generics / Preferred / Non-Preferred Brand & Specialty	Discount Only	
Virtual Health Program[6]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	$0 Copay	
Quick Links	SBC | Plan Documents | Access Provider Lookup	

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Accessing Your Plan: See MV Plan Access Page

Ultra MV

Beni SOLUTIONS

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$204.24	$403.10	$348.96	$534.59

General Information	Coverage Information	
Annual Deductible	$0	
Out-of-Pocket Maximum[1]	$9,100 individual / $18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance
Primary Care / Specialist Visits	$15 Copay	40% Coinsurance
Urgent Care	$50 Copay	40% Coinsurance
Laboratory Services / Radiology (X-ray, Ultrasound)	$50 Copay	40% Coinsurance
Advanced Imaging[RBP] (MRI, CT/PET scan)[2] (limit 3 per year)	$350 Copay	
Radiology / Advanced Imaging[2] (Medmo)[3] (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Surgery[2] (limit 2 per year)	30% Coinsurance	
Inpatient Hospitalization & Surgery[2] (limit 14 days & 4 surgeries per year)	30% Coinsurance	
Emergency Services (limit 1 per year)	$500 Copay	
Additional Benefits	**In-Network**	**Out-of-Network**
Ambulance[RBP] (Ground Only) (limit 2 per year)	$500 Copay	
Physical / Speech / Occupational Therapy (limit 12 combined per year)	$50 Copay	40% Coinsurance
Chiropractic Services (limit 20 per year)	$50 Copay	40% Coinsurance
Home Health Care (limit 20 per year)	$50 Copay	40% Coinsurance
Inpatient Mental / Behavioral Health Treatment[RBP 2] (limit 14 days per year)	30% Coinsurance	
Outpatient Substance Abuse Treatment[2] (limit 12 days per year)	$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment[RBP 2] (limit 14 days per year)	30% Coinsurance	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	30% Coinsurance	
Prescription Drug Benefits[5]	***Click For PureRx Formulary***	
Generics (Tier 1) / Generics (Tier 2) & Preferred Brand	$10 Copay / $50 Copay	
Generics (Tier 3) & Non-Preferred Brand / Specialty	$75 Copay / Discount Only	
Virtual Health Program[6]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	$0 Copay	
Quick Links	SBC | Plan Documents | Access Provider Lookup	

Click for Video Overview

Accessing Your Plan: See MV Plan Access Page

Peak MV

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$252.00	$668.70	$552.75	$918.87

General Information	Coverage Information	
Annual Deductible	$0	
Out-of-Pocket Maximum[1]	$9,100 individual / $18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance
Primary Care / Specialist Visits	$15 Copay	40% Coinsurance
Urgent Care	$50 Copay	40% Coinsurance
Laboratory Services / Radiology (X-ray, Ultrasound)	$50 Copay	40% Coinsurance
Advanced Imaging[RBP] (MRI, CT/PET scan)[2]	$350 Copay	
Radiology / Advanced Imaging[2] (Medmo)[3]	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Hospitalization & Surgery[2]	30% Coinsurance	
Inpatient Hospitalization & Surgery[2]	30% Coinsurance	
Emergency Room Services	$500 Copay	
Additional Benefits	**In-Network**	**Out-of-Network**
Ambulance[RBP] (Ground Only)	$500 Copay	
Physical / Speech / Occupational Therapy (limit 12 combined per year)	$50 Copay	40% Coinsurance
Chiropractic Services (limit 20 per year)	$50 Copay	40% Coinsurance
Home Health Care (limit 20 per year)	$50 Copay	40% Coinsurance
Durable Medical Equipment (DME)	50% Coinsurance	
Inpatient Mental / Behavioral Health Treatment[RBP 2]	30% Coinsurance	
Outpatient Substance Abuse Treatment[2] (limit 25 days per year)	$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment[RBP 2] (limit 20 days per year)	30% Coinsurance	
Outpatient Chemotherapy / Radiation Therapy / Dialysis[2]	30% Coinsurance	40% Coinsurance
Inpatient Chemotherapy / Radiation Therapy / Dialysis[2]	30% Coinsurance	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	30% Coinsurance	
Prescription Drug Benefits[5]	***Click For PureRx Formulary***	
Generics (Tier 1) / Generics (Tier 2) & Preferred Brand	$10 Copay / $50 Copay	
Generics (Tier 3) & Non-Preferred Brand / Specialty	$75 Copay / Discount Only	
Virtual Health Program[6]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	$0 Copay	
Quick Links	SBC | Plan Documents | Access Provider Lookup	

Click for Video Overview

Accessing Your Plan: See MV Plan Access Page

Wellness & Preventive Services

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 aged 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 55 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 aged 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

For the most up to date list, visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/**

Notable Exclusions

Notable Plan Exclusions – Not a Complete List
Abortion
Care related to or for the purpose of travel outside of the United States
Chemotherapy / Radiation Therapy
Cosmetic Surgery including cosmetic components of gender transition
Dental care or services related to the mouth, jaws, and teeth (oral surgery procedures, medical in nature)
Dialysis
Durable Medical Equipment / Prosthetics / Orthotics
Experimental / Investigational Treatments
Eye care and services related to vision care
Hospice Care and Skilled / Private Duty Nursing Care
Infertility Services / Family Planning
Nutritional Supplements / Vitamins (except as specified under preventive care)
Preferred Brand / Non-Preferred Brand / Specialty / Self-Injectable / GLP-1 Prescription Drugs
Transplant Services

*This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Please refer to **your plan document** for a full list.*

Click for Video Overview

MV Plan Access

Benefits will be available once you have your ID card in hand. Please do not call or try to access care prior to this.

ACCESSING COVERAGE

HealthWallet

The HealthWallet mobile app puts your coverage in the palm of your hands

- Scan the QR code to the right, or search "The HealthWallet" in your app store
- Download the HealthWallet mobile app
- Login in with your social security number and date of birth
- Access your ID card(s), benefit information, and ancillary vender services

LOCATING A NETWORK PROVIDER

MultiPlan.

PHCS Practitioner & Ancillary Only

Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-454-5231 or visiting www.multiplan.com/sbmapa and following the instructions below.

- Enter a provider name, specialty, or facility type in the search box, or choose one from the drop down
- Enter your location information
- Click "Search"

PRESCRIPTION DRUG BENEFITS

PureRx

Present your medical ID card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be available on your ID card.
Customer Service: (888) 899-5122 | Member Portal | National Pharmacy Chains

VIRTUAL HEALTH PROGRAM

RECURO HEALTH

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 Therapist or Licensed Counselor by appointment between 7 am – 7 pm

Access care via the HealthWallet mobile app or call 1-855-673-2876. | **Additional Information**

IMAGING COVERED 100%

medmo

- Call Medmo at (844) 248-2292 to share your imaging prescription information and availability.
- Medmo will find imaging centers to determine the best match for you
- Pre-authorization requirements apply.
- Simply show up for your appointment and Medmo will have a copy of the results available for both you and your physician. **Additional Information**

DISCOUNTED GLP 1'S

help RX

- Visit HelpRx.co to get started!
- Fill out an assessment and receive a review within 24 hours
- Receive your order fast and right to your door!

COMPANION DISCOUNT CARD

WellCard Savings

- Visit www.WellCardSavings.com & Click: "Click Here to Register"
- **Group ID:** MECPLUS
- Fill out your information, Click Save, Text, or Email card or print the one below to use at participating providers.

CUSTOMER SERVICE

- First start with the Health Wallet Member App
- Customer Service: (844) 995-5836 x 2
- Assistance with Claims: (888) 505-7724 x 3
- Member FAQ's

Cant Click the Links?

Scan here instead for all flyers and benefit information!

SCAN ME

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Tips & Tricks !

Beni SOLUTIONS

1. Choosing a Medical Plan

Lookup Providers in Your Area	Multiplan PHCS
Provider lookup links are provided on each plan page. Click the link and review the in network providers in your area. Some plans will not offer out of network coverage so be mindful of this when selecting a provider. ***Located at the bottom of your plan summary*** Quick Links | SBC | Plan Documents | Access Provider Lookup	PHCS
Check Which Plan Covers your Prescriptions	**PureRx**
A link to the plans formulary is included on each plan page. Locate the tier next to your prescription and choose the plan that covers that tier. Discounts on GLP1's are available (see below). ***Located in the middle of your plan summary*** Prescription Drug Benefits[6] | *Click For PureRx Formulary*	PureRx Additional Information

2. While You Wait

Accessing Care without an ID card	Forms
If you do not have your ID card and your effective date has come, pleas use the following tips for accessing care while you wait. **1. Coverage is active as of your effective date.** Employees can receive care even without their ID card in hand. By the time a claim is submitted, coverage will be active and the claim will be processed accordingly. **2. Verify provider participation.** Employees should confirm their provider is in-network by using the provider lookup tool and calling the provider's office directly for verification. **3. Inform providers of active coverage.** Employees should let their providers know that their coverage is active as of the effective date, and that ID card details are forthcoming. They can follow up with the provider once they receive their ID information. Most providers are familiar with this situation and are typically accommodating. **4. Avoid paying out of pocket.** Claims must be submitted by the provider for payment. Reimbursement to members directly is not always available, so employees should not pay upfront for services when it can be avoided. Claims forms are available for reimbursable expenses.	Claims Form - Medical Claims Form – Rx Member FAQ's

3. Once You Have Received Your ID Card

Set Yourself Up to Access Care	Customer Service
1. Download the HealthWallet App • Scan the QR code to the right, or search "The HealthWallet" in your app store • Download the HealthWallet mobile app • Login in with your social security number and date of birth • Access your ID card(s), benefit information, and ancillary vender services **2. Set Up Telemedicine with Recuro** Instructions are available within the HealthWallet App **3. Set Up Additional Services** Access to Medmo, Prescriptions and more can also be found in the HealthWallet App	Do not call until you have your ID card in hand. **MEC Plan –** 888.505.7724 **MV Plan –** 844.995.5836 x 2 **Dental –** 1-800-452-9310 **Vision -** 1-800-877-7195

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*Access to prescriptions, health wallet, Recuro & Medmo may not be available until 5 business days after you have received your **Virtual** ID Card. Once your **Physical** ID card arrives in the mail, all services should be available.*

Ancillary Plan Options

Preventive Dental

DELTA DENTAL

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$13.75	$21.94	$20.90	$31.78

Benefits	In Network	Out of Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	100%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	-	-
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	-	-
Annual Maximum (per person)	$1,000	$1,000
Annual Deductible Per Person Family Maximum	 None None	 None None

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.
The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

Provider Lookup

Visit: https://www.deltadental.com/us/en/member/find-a-dentist.html Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO Search by Current Location: No, Enter Zip Code | Find Dentists

Member Portal : Flyer

- *Visit DeltaDentalNJ.com; click "Sign In or Register" on the top right corner of the homepage.*
- *Click "Register Now" and enter your contact information.*

Customer Service:

- Call : 1-800-452-9310
- Claim Form

Click for Video Overview

Beni SOLUTIONS

Comprehensive Dental

DELTA DENTAL

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	$24.99	$45.32	$43.14	$66.92

Benefits	In Network	Out of Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	100%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	80%	50%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%
Annual Maximum (per person)	$1,500	$1,500
Annual Deductible Per Person Family Maximum	 $50 $150	 $100 $300

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.
The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

Provider Lookup

Visit: https://www.deltadental.com/us/en/member/find-a-dentist.html Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO Search by Current Location: No, Enter Zip Code | Find Dentists

Member Portal : Flyer

- *Visit DeltaDentalNJ.com; click "Sign In or Register" on the top right corner of the homepage.*
- *Click "Register Now" and enter your contact information.*

Customer Service:

- Call : 1-800-452-9310
- Claim Form

Click for Video Overview

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Vision

vsp VISION

Rate Frequency	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly	**$9.21**	**$13.80**	**$14.26**	**$20.70**

Benefits	In Network
Exam/lens/frame frequency (months)	12/12/24
Contacts (in lieu of glasses)	12
In Network Coverage	
Eye Exam Copay	$10
Materials Copay	$25
Frame allowance	$130 | $70 Walmart/Sam's Club/Costco frame allowance
Elective contact lens allowance	$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/evaluation copay	$60
Both frames and contacts in same year	No; allows contacts in lieu of frames
Out of Network Coverage	
Examination, up to:	$45
Single vision lenses, up to:	$30
Bifocal lenses, up to:	$50
Trifocal lenses, up to:	$65
Progressive lenses, up to:	$50
Lenticular lenses, up to:	$100
Frames, up to:	$70
Elective contact lenses, up to:	$105
Necessary contact lenses, up to:	$210
Lens Enhancements (Member Cost)*	
Anti-glare coating	$41 single/$41 multifocal
Impact - resistant lenses - adult	$31 single/$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses	$75 single vision/$75 multifocal
Scratch resistant coating	$17 single vision/$17 multifocal

Provider Lookup

Visit: https://www.vsp.com/eye-doctor
Search by Location, Office Name, or Doctor Name

Member Portal : Flyer

- *Visit DeltaDentalNJ.com; click "Sign In or Register" on the top right corner of the homepage.*
- *Click "Register Now" and enter your contact information.*

Customer Service:

- Call : 1-800-877-7195
- Claim Form or sign into your VSP Account to submit online

Click for Video Overview

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Enrollment Form

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Employee Information

Group Name (Employer)	Effective Date *(mm/01/yyyy)*	Date of Hire
	/01/	

First Name	Middle Initial	Last Name	Gender

Address	Address 2	City	State	Zip Code

Social Security Number	Date of Birth	Email

Dependents *(all data required)*

Full Name	Spouse/Child	Date of Birth	Gender	Social Security Number	Medical	Dental	Vision

Plan Selections

Medical	Dental	Vision

☐ Waive all coverage options Reason:

I choose to enroll in the above coverage selections as offered by my employer and understand the terms and conditions associated with these plans.

Signature	Date