Beni
SOLUTIONS

Benefits Proposal

MEDICAL & ANCILLARY



Effective 01.01.2027

Beni Solutions



Easy & Quick Implementation

Set up your new group account with ease. Standard turnaround times is 5 business days.

Consolidated Billing

Portal Access

One invoice no matter how many plans you choose to offer

Rapid Response Time

Updates to group eligibility changes are completed in 24-48 hours.

Single Point of Contact

For all group level issues and requests, we will be your go to contact. No more being bounced around between departments or other companies.

1095 Services

1095 Services Available

ACA Compliant



Why offer ACA Compliant medical plans to your employees?

Employer Mandate

ACA requires employers with 50 or more full-time equivalent employees to offer health coverage to at least 95% of full-time employees and sets a minimum baseline of coverage and affordability. Employers who do not comply face annual penalties.

Employer Penalties

Penalty A: For a large employer that doesn't offer coverage at all: $3,780 multiplied by 30 less than the total number of full-time employees

- *ex: 100 FT Employees | (100-30) = 70 | 70 * $3,780 = $264,600*

Penalty B: For a large employer that offers coverage that isn't considered affordable and/or doesn't provide minimum value: $5,670 multiplied by the number of full-time employees who receive a premium tax credit in the marketplace (but this penalty will not exceed the amount of the other penalty, so that will be used instead if it's less).

MEC (Minimum Essential Coverage)	MV (Minimum Value)
Satisfies Penalty A	Satisfies Penalty A & B

PHCS

Robust Network



1 Million+

Providers

87K

Ancillaries



MultiPlan's PHCS Network is the only national independently-contracted primary PPO network to have been accredited by NCQA for credentialing – a status they've held continuously since 2001.

ACCREDITED NCQA CREDENTIALING/RECREDENTIALING Since August 2001



Medical Plan Options

MEC Plans

Monthly Premium	WellCare	KeyCare	VitalCare
Employee Only	$49	$80	$139
Employee + Spouse	$89	$160	$260
Employee + Child(ren)	$89	$160	$260
Family	$119	$240	$375
Medical Benefits[2]			
Preventive / Wellness Services	Covered 100%	Covered 100%	Covered 100%
Primary Care	-	$25 Copay	$25 Copay
Specialist Visits		-	$25 Copay
Urgent Care	-	-	$50 Copay
Laboratory Services / X-Rays	-	-	$50 Copay
Prescription Drug Benefits[4]	*Click for PureRx Formulary*		
Copay by Drug Tier	Discount Rx Included	$15 / $30 / $50 / $75	$15 / $30 / $50 / $75
Virtual Health Program[5]	Recuro		
24/7 Virtual Urgent Care	$0 Copay	$0 Copay	$0 Copay
Virtual Behavioral Health	-	$0 Copay	$0 Copay
Discount Companion Card			
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card	Discount Card	Discount Card
Plan Documentation	SBC | Plan Document	SBC | Plan Document	SBC | Plan Document
Find a Doctor	Access Provider Lookup	Access Provider Lookup	Access Provider Lookup

MEC Minimum Participation Requirement: 10 Primary Enrollments

In any combination of MEC Plans

1. Costs include plan documents, MultiPlan network, ID cards, HealthWallet mobile application, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services and cover only the services listed above and on the Preventive Care Benefits page.
3. Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.
4. Prescription Drug Benefits are subject to the formulary. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
5. Virtual Health Benefits are offered through Recuro Health. Members have unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging. It also connects members with a Therapist or Licensed Counselor through secure and private online video or phone sessions at a $0 copay. Psychiatric services are available at an additional cost. The WellCare plan does not include behavioral health services.
6. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).

MEC Plans +
Hospital Indemnity

Monthly Premium	VitalCare + National Base	VitalCare + National Select
Employee Only	$172	$189
Employee + Spouse	$325	$379
Employee + Child(ren)	$312	$354
Family	$460	$526
Medical Benefits[2]		
Preventive / Wellness Services	Covered 100%	Covered 100%
Primary Care	$25 Copay	$25 Copay
Specialist Visits	$25 Copay	$25 Copay
Urgent Care	$50 Copay	$50 Copay
Laboratory Services / X-Rays	$50 Copay	$50 Copay
Prescription Drug Benefits[4]	*Click for PureRx Formulary*	
Copay by Drug Tier	$15 / $30 / $50 / $75	$15 / $30 / $50 / $75
Virtual Health Program[5]	**Recuro**	
24/7 Virtual Urgent Care	$0 Copay	$0 Copay
Virtual Behavioral Health	$0 Copay	$0 Copay
Discount Companion Card		
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card	Discount Card
Plan Documentation	SBC | Plan Document	SBC | Plan Document
Hospital Indemnity Benefits	**National Base**	**National Select**
Hospital Admission	$2,000 | 3x/year	$2,500 | 3x/year
Hospital Confinement	$50 per day | 30x/year	$200 per day | 30x/year
Inpatient Surgery	$1,000 | 1x/year	$1,000 | 1x/year
Outpatient Surgery (Hospital/Physician)	$250/$75 | 1x/year	$1,000/$300 | 1x/year
Emergency Room	-	$100 | 2x/year
Emergency Transportation (Ground/Air)	-	$200/$1,000 | 1x/year
Health Screening	-	$50 | 1x/year
Plan Materials	Schedule of Benefits	Schedule of Benefits
Find a Doctor	Access Provider Lookup	Access Provider Lookup

What is Hospital Indemnity?

Hospital indemnity is a type of **supplemental insurance** that pays you cash directly if you end up in the hospital. It doesn't replace your health insurance—it works alongside it. Instead of paying doctors or hospitals, it sends money straight to you. You can then use that money however you want: to cover your health insurance deductible, copays, or even everyday expenses like rent, groceries, or childcare while you're recovering. Think of it as a **safety net of extra cash** that helps you deal with the costs (both medical and non-medical) that come with being in the hospital.

1. Costs include plan documents, MultiPlan network, ID cards, HealthWallet mobile application, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services and cover only the services listed above and on the Preventive Care Benefits page.
3. Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.
4. Prescription Drug Benefits are subject to the formulary. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
5. Virtual Health Benefits are offered through Recuro Health. Members have unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging. It also connects members with a Therapist or Licensed Counselor through secure and private online video or phone sessions at a $0 copay. Psychiatric services are available at an additional cost. The WellCare plan does not include behavioral health services.
6. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).

Essential MV

Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	$428	$864	$813	$1,095

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 | FIND A DOCTOR	

MV Minimum Participation Requirement: 5 Primary Enrollments | *In any combination of MV Plans*

[1]The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
[2]Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.
[3]Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
[4]RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
[5]Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/purerx-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. While excluded from the plan, specific prescription drugs, for example, GLP-1 drugs, may be available at 100% coinsurance (member responsibility); however, will not count toward the plan's deductible or out-of-pocket maximum. Prior authorization may be required for certain medications. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.
[6]Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

Essential MV + Protection Plus

Bundle and Save! MV + HI + CI

Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	$483	$977	$909	$1,231
General Information	**Essential MV**			
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 | FIND A DOCTOR			
Hospital Indemnity Benefits	**National Select**			
Hospital Admission	$2,500 | 3x/year			
Hospital Confinement	$200 per day | 30x/year			
Inpatient Surgery	$1,000 | 1x/year			
Outpatient Surgery (Hospital/Physician)	$1,000/$300 | 1x/year			
Emergency Room	$100 | 2x/year			
Emergency Transportation (Ground/Air)	$200/$1,000 | 1x/year			
Plan Materials	**Schedule of Benefits**			
Critical Illness Benefits	**$20,000**			
Heart Attack (Myocardial Infarction)	100% of CI Principal Sum			
Coronary Artery Bypass	25% of CI Principal Sum			
Stroke	100% of CI Principal Sum			
Major Organ Transplant/Placement on UNOS List	100% of CI Principal Sum			
End-Stage Renal Failure	100% of CI Principal Sum			
Cancer (Invasive)	100% of CI Principal Sum			
Carcinoma in Situ	25% of CI Principal Sum			
Health Screening Benefit	$50 | 1x/year			
Plan Materials	**Schedule of Benefits**			

MV Minimum Participation Requirement: 5 Primary Enrollments | *In any combination of MV Plans*

[1]The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
[2]Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.
[3]Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
[4]RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
[5]Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/purerx-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. While excluded from the plan, specific prescription drugs, for example, GLP-1 drugs, may be available at 100% coinsurance (member responsibility); however, will not count toward the plan's deductible or out-of-pocket maximum. Prior authorization may be required for certain medications. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.
[6]Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

Premium MV

Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	$549	$999	$900	$1,352

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)	$350 Copay	
Inpatient Hospitalization & Surgery[2] (limit 7 days & 3 surgeries per year)	$500 Copay per admission	
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 8 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 5 days per year)	$500 Copay per admission	
Outpatient Substance Abuse Treatment[2] (limit 8 days per year)	$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment[RBP 2] (limit 5 days per year)	$500 Copay per admission	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	$500 Copay per admission	
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 | FIND A DOCTOR	

MV Minimum Participation Requirement: 5 Primary Enrollments | *In any combination of MV Plans*

[1]The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
[2]Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.
[3]Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
[4]RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
[5]Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/purerx-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. While excluded from the plan, specific prescription drugs, for example, GLP-1 drugs, may be available at 100% coinsurance (member responsibility); however, will not count toward the plan's deductible or out-of-pocket maximum. Prior authorization may be required for certain medications. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.
[6]Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

Max MV

Monthly Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
	$703	$1,365	$1,201	$1,877

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)	$350 Copay	
Inpatient Hospitalization & Surgery[2] (limit 14 days & 4 surgeries per year)	$500 Copay per admission	
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)	$500 Copay per admission	
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)	$500 Copay per admission	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	$500 Copay per admission	
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 | FIND A DOCTOR**	

MV Minimum Participation Requirement: 5 Primary Enrollments | *In any combination of MV Plans*

[1]The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
[2]Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.
[3]Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
[4]RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
[5]Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/purerx-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. While excluded from the plan, specific prescription drugs, for example, GLP-1 drugs, may be available at 100% coinsurance (member responsibility); however, will not count toward the plan's deductible or out-of-pocket maximum. Prior authorization may be required for certain medications. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.
[6]Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

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 notable exclusions. Additional covered services, exclusions and limitations exist. Please refer to the **plan document.***

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/**

Find A Doctor

Medical

1. Click the link based on your plan
   a. Wellcare MEC - www.multiplan.com/sbmapreventiveservices
   b. MEC Plans - www.multiplan.com/sbmaspecificservices
   c. *MV Plans* - www.multiplan.com/sbmapa
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided.

PHCS
PHCS Practitioner & Ancillary

Dental

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

DELTA DENTAL®

Vision

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

vsp VISION™



Ancillary Plan Options

Dental Plans

Monthly Premium	Preventive		Comprehensive	
Employee Only	$22		$49	
Employee + Spouse	$42		$98	
Employee + Child(ren)	$39		$93	
Family	$65		$150	
Benefits	**In Network** Delta PPO	**Out of Network** Delta Premier/ Non-Par	**In Network** Delta PPO	**Out of Network** Delta Premier/ Non-Par
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	100%	100%	80%
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)	$1,000	$1,000	$1,500	$1,500
Annual Deductible				
Per Person	None	None	$50	$100
Family Maximum	None	None	$150	$300

Minimum Participation Requirement: 5 Primary Enrollments

In any combination of Dental Plans

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

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.

*** Out of Network Services are subject to a Delta PPO allowance***

Powered by: DELTA DENTAL

Vision

Monthly Premium	Preventive
Employee Only	$10
Employee + Spouse	$20
Employee + Child(ren)	$21
Family	$35
Benefits Frequency	
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

Minimum Participation Requirement: 5 Primary Enrollments

Find an Eye Doctor

Visit: https://www.vsp.com/eye-doctor

Search by Location, Office Name, or Doctor Name

Network

VSP VISION

Powered by DeltaVision

Hospital Indemnity

Monthly Premium	National Base	National Select
Employee Only	$35	$59
Employee + Spouse	$76	$124
Employee + Child(ren)	$55	$96
Family	$95	$155
Hospital Indemnity Benefits		
Hospital Admission	$2,000 | 3x/year	$2,500 | 3x/year
Hospital Confinement	$50 per day | 30x/year	$200 per day | 30x/year
Inpatient Surgery	$1,000 | 1x/year	$1,000 | 1x/year
Outpatient Surgery (Hospital/Physician)	$250/$75 | 1x/year	$1,000/$300 | 1x/year
Emergency Room	-	$100 | 2x/year
Emergency Transportation (Ground/Air)	-	$200/$1,000 | 1x/year
Health Screening	-	$50 | 1x/year
Plan Materials	Schedule of Benefits	Schedule of Benefits

What is Hospital Indemnity?

Hospital indemnity is a type of **supplemental insurance** that pays you cash directly if you end up in the hospital. It doesn't replace your health insurance—it works alongside it. Instead of paying doctors or hospitals, it sends money straight to you. You can then use that money however you want: to cover your health insurance deductible, copays, or even everyday expenses like rent, groceries, or childcare while you're recovering. Think of it as a **safety net of extra cash** that helps you deal with the costs (both medical and non-medical) that come with being in the hospital.

Savings Tip!

Add Hospital Indemnity as a value add when offering MV plans with deductibles. The reimbursement will offset your out-of-pocket expense.

Powered by:

Mutual of Omaha

Critical Illness

Monthly Premium	$10,000 Benefit	$20,000 Benefit
Employee Only	$16	$32
Employee + Spouse	$32	$64
Employee + Child(ren)	$32	$64
Family	$36	$72
Critical Illness Benefits		
Heart Attack (Myocardial Infarction)	100% of CI Principal Sum	
Coronary Artery Bypass	25% of CI Principal Sum	
Stroke	100% of CI Principal Sum	
Major Organ Transplant/Placement on UNOS List	100% of CI Principal Sum	
End-Stage Renal Failure	100% of CI Principal Sum	
Cancer (Invasive)	100% of CI Principal Sum	
Carcinoma in Situ	25% of CI Principal Sum	
Health Screening Benefit	$50 | 1x/year	
Plan Materials	Schedule of Benefits	

What is Critical Illness?

Critical illness insurance is a type of coverage that pays you a lump sum of money if you're diagnosed with a serious health condition—like cancer, a heart attack, or a stroke. It's designed to help with extra costs that health insurance doesn't cover, such as lost income, travel to specialists, or everyday bills while you focus on recovery.

Powered by:

Mutual of Omaha

Accident Insurance

Monthly Premium	Accident $50,000
Employee Only	$13
Employee + Spouse	$20
Employee + Child(ren)	$22
Family	$29
Accident Benefits (24-Hour, On & Off-Job)	
Express Benefit (paid upon notification of accident)	$100 | 1x per accident
Emergency Room / Urgent Care / Initial Physician Visit	$300 / $225 / $100 | 1x per accident
Emergency Transportation (Ground / Air Ambulance)	$300 / $1,500 | 1x per accident
Fractures (Open Reduction / Closed Reduction)	Up to $9,000 / $4,500 | Based on bone, treatment within 90 days
Dislocations (Open Reduction / Closed Reduction)	Up to $10,000 / $5,000 | Based on joint, treatment within 90 days
Lacerations / Burns	$125 – $900 / $300 – $20,000 | Based on severity, 1x per accident
Dental Care (Crown or Filling / Extraction)	$300 / $125 | 1x per accident
Hospital, Surgical & Follow-Up Care Benefits	
Hospital Admission	$1,500 | 1x per accident
Hospital Daily Confinement / ICU Confinement	$300 per day (up to 365 days) / $600 per day (up to 15 days)
Rehabilitation Facility Confinement	$200 per day | Up to 30 days
Abdominal, Cranial or Thoracic / Exploratory Surgery	$3,500 / $600 | 1x per accident
Herniated Disc / Knee, Ligament or Tendon Surgery	$1,800 / $1,000 | 1x per accident
X-Ray / Diagnostic Exam / Brain Injury Diagnosis	$75 / $300 / $300 | 1x per accident
Physician Follow-Up Office Visit / Therapy Services	$150 / $75 | Up to 6x per accident
Medical Device / Prosthetic Device	$300 (1x) / $1,250 (up to 2x per accident)
Transportation / Lodging / Childcare	$400 per trip (up to 3) / $200 per night (up to 30) / $30 per day (up to 30)
Catastrophic Benefits	
Principal Sum (Employee / Spouse / Child)	$50,000 / $25,000 / $10,000
Accidental Death / Common Carrier Accidental Death	100% / 300% of Principal Sum
Dismemberment & Paralysis	10% – 100% of Principal Sum
Coma	50% of Principal Sum
Plan Materials	Schedule of Benefits

What is Accident Insurance?

Accident insurance is a type of **supplemental insurance** that pays you cash directly when you're injured in a covered accident—on or off the job, 24 hours a day. Benefits are paid based on the type of injury and the treatment you receive, from an ER visit or a fracture to a hospital stay or surgery, and the money goes straight to you to use however you need: deductibles, copays, or everyday bills while you recover. All amounts are **guarantee issue** with no health questions.

Powered by:

Mutual of Omaha

Group Term Life

Monthly Premium	$10,000 Plan	$25,000 Plan	$50,000 Plan
Employee Only	$4	$10	$20
Life Insurance Benefits			
Group Term Life Benefit (Flat Amount)	$10,000	$25,000	$50,000
AD&D Benefit (Principal Sum)	$10,000	$25,000	$50,000
Living (Accelerated) Benefit – Terminal Condition	Up to 80%, max $8,000	Up to 80%, max $20,000	Up to 80%, max $40,000
Evidence of Insurability	Guarantee Issue	Guarantee Issue	Guarantee Issue
Age Reductions	65% at 65, 50% at 70	65% at 65, 50% at 70	65% at 65, 50% at 70
Eligibility	25+ hours per week	25+ hours per week	25+ hours per week
AD&D Benefits (% of Principal Sum)			
Loss of Life, Both Hands, Both Feet or Both Eyes	100%	100%	100%
Loss of One Hand, Foot or Eye, Speech or Hearing	50%	50%	50%
Loss of Thumb & Index Finger (Same Hand)	25%	25%	25%
Paralysis (Quadriplegia / Paraplegia / Uniplegia)	100% / 50% / 25%	100% / 50% / 25%	100% / 50% / 25%
Seat Belt Benefit / Airbag Benefit (each)	10% | Max $1,000	10% | Max $2,500	10% | Max $5,000
Common Carrier Benefit (in addition to AD&D)	100%	100%	100%
Plan Features			
Portability (under age 70, up to $500,000)	Included	Included	Included
Conversion to Individual Policy	Included	Included	Included
Waiver of Premium (Total Disability under age 60)	Included	Included	Included
Plan Materials	Schedule of Benefits	Schedule of Benefits	Schedule of Benefits

What is Group Term Life?

Group term life insurance pays a **lump-sum benefit** to your beneficiary if you pass away while covered, giving your family financial protection when they need it most. Each plan includes AD&D coverage equal to the life benefit, a Living Benefit that lets you access up to 80% of the benefit early if diagnosed with a terminal condition, and the right to keep your coverage if you leave your employer. All amounts are **guarantee issue**—no medical questions.

Powered by:

Mutual of Omaha

Plan Highlights

Member Portal

Employees can access:
- ID card(s)
- Benefit Guides
- Access to ancillary vendors and more!

HealthWallet

Discounted GLP-1s

Access to discounted GLP-1 Medication. Delivered to your door!

help RX

Virtual Health Benefits

RECURO HEALTH

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

Prescription Benefits

Access to over 60,000+ retail pharmacies!

PureRx

MEC Formulary | MV Formulary

Discount Companion Card

Receive discounts on various benefits like:

- Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more...

Imaging Covered 100%

medmo

Access to Imaging Covered 100%! Medmo will find imaging centers to determine the best match for you. Simply show up for your appointment and Medmo will have a copy of the results available for both you and your physician.

**MV Plans Only*

Telemedicine



Commonly Treated

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

The Telemedicine Solution

Our telemedicine benefit provides you and your family access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from $155 to upwards of $300, and an ER visit can average almost $1,000*. With this benefit, there is no cost to you or your family for a consultation.

Discount Card



Discounted Services

Simply register your account, and review all the ways to save!! Instructions, provider lookups, and more are right at your finger tips. Once you make your appointment, present your card and receive discounts at the time of service.

Dental

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.

Vision

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.

Hearing Aids

Members receive a free hearing test and up to 70% discount on hearing aids at2,200 providers nationwide.

Lab Services

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.

MRI & Imaging

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000locations nationwide.

Vitamins

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.

& More...

help RX

WEIGHT LOSS MADE EASY

WITH YOUR GLP-1 PRESCRIPTION FEATURING GLP-1 SEMAGLUTIDE





A Simple, Affordable Way to Reach Your Goals

- Consultations with U.S.-licensed healthcare providers
- Upfront pricing, no insurance needed
- Free rush delivery from the pharmacy - 60-day money-back guarantee
- GLP-1 Semaglutides for weight loss & type 2 diabetes management

Semaglutide is a prescription medication for weight loss and Type 2 Diabetes. It belongs to a class of drugs called GLP-1 receptor agonists, which mimic the action of GLP-1 - a hormone that helps regulate blood sugar and appetite.

- Stimulates insulin release and reduces glucose production
- Slows digestion to help you feel full longer
- Reduces appetite and supports healthy weight loss

JUST $95 FOR ONE MONTH

SPECIAL OFFER: USE CODE **SBMA50**

THEN ONLY $145/MONTH THEREAFTER!

(REGULAR PRICE IS $289)

GETTING STARTED IS EASY - JUST 3 STEPS:

Fill Out a Quick Health Assessment
Complete a short form to see if you qualify.

Provider Review Within 24 Hours
Our board-certified physicians review your answers quickly.

Receive Your Order, Fast & Discreet
Enjoy rush delivery directly to your door!

VISIT HELPRX.CO OR SCAN THE QR CODE TO GET STARTED!

NO INSURANCE REQUIRED. TRANSPARENT PRICING.

Master Group Application

Group Information

Please use the typable text boxes. Do NOT handwrite.

Client Information

Company Legal Name	Tax ID	Plan Effective Date

Company DBA	Name on ID Cards (if different than Legal Name)

Industry Type	Prior Coverage Information (Carrier/Plan Type)

Address	Suite#

City	State	Zip	Phone

ID Card Distribution (Mailed Location)	Waiting Period	Payroll Cycle
☐ To Employee ☐ To Employer	☐ 0 Days ☐ 30 Days ☐ 60 Days	☐ W(48) ☐ W(52) ☐ BW(26) ☐ SM(24) ☐ M(12)

Employee Counts	Total # of Employees:	# of FT EE's	# of PT EE's	# of COBRA Members	# of EE's Enrolling

COBRA Information

COBRA Required? ⓘ	COBRA Administration	If Other	Cobra Business Name	Contact Name	Email
☐ Yes ☐ No	☐ Our TPA ☐ Other				

Authorized Group Contacts

Contract Signer: Who will receive the contracts to sign
Billing Contact: Who should we reach out to if there are billing issues
Eligibility: Check if this person is authorized to sent eligibility/enrollment changes to Beni
Billing: Check if this person should receive invoices in addition to the Billing Contact

Type	Name	Title	Email	Eligibility	Billing
Contract Signer:				☐	☐
Billing Contact:				☐	☐
Contact 3:				☐	☐
Contact 4:				☐	☐

Broker of Record/Servicing Agent

The Broker/Agent representing your group and who will be included in all communications regarding your account.

Type	Name	Agency	Email	Title
Broker of Record*:				
Servicing Agent*:				
Additional Contact:				

1095 Services ⓘ

1095 Filing is an Employer Requirement when offering Beni Solutions MV plans. If you do not already have a vendor, please make sure you opt in and enroll for compliance purposes.

Enroll in Our 1095 Services	Next Step	
☐ Yes ☐ No		**Enroll Online:** Enroll in 1095 Services *Beni will send your data file in January 2027 and you will then begin the process directly with Tax1099.*

Master Group Application

Plan Selections

MEDICAL PLANS *(Max of 5 Plans)*

**These MV Plan rates are specific to groups in NY, CT, or CA.*

Check off which plans you will be offering your employees. If the plan is not checked, it will not be added to your policy and will not be available as an enrollment option.

MV Plan Options – NY,CT,CA	EE:	ES:	EC:	FAM:	Employer Contribution
☐ Essential MV	**$428**	**$864**	**$813**	**$1,095**	
☐ Essential MV + Protection Plus	**$483**	**$977**	**$909**	**$1,231**	
☐ Premium MV	**$549**	**$999**	**$900**	**$1,352**	
☐ Max MV	**$703**	**$1,365**	**$1,201**	**$1,877**	
MEC Plan Options	**EE:**	**ES:**	**EC:**	**FAM:**	**Employer Contribution**
☐ WellCare MEC	**$49**	**$89**	**$89**	**$119**	
☐ KeyCare MEC	**$80**	**$160**	**$160**	**$240**	
☐ VitalCare MEC	**$139**	**$260**	**$260**	**$375**	
☐ VitalCare MEC + National Base	**$172**	**$325**	**$312**	**$460**	
☐ VitalCare MEC + National Select	**$189**	**$379**	**$354**	**$526**	

ANCILLARY PLANS

Ancillary Options	EE:	ES:	EC:	FAM:	Employer Contribution
☐ Preventive Dental	**$22**	**$42**	**$39**	**$65**	
☐ Comprehensive Dental	**$49**	**$98**	**$93**	**$150**	
☐ Vision	**$10**	**$20**	**$21**	**$35**	
☐ National Base (Hospital Indemnity)	**$35**	**$76**	**$55**	**$95**	
☐ National Select (Hospital Indemnity)	**$59**	**$124**	**$96**	**$155**	
☐ Critical Illness $10,000	**$16**	**$32**	**$32**	**$36**	
☐ Critical Illness $20,000	**$32**	**$64**	**$64**	**$72**	
☐ Accident	**$13**	**$20**	**$22**	**$29**	
☐ Life Insurance $10,000 (EE Only)	**$4**	—	—	—	
☐ Life Insurance $25,000 (EE Only)	**$10**	—	—	—	
☐ Life Insurance $50,000 (EE Only)	**$20**	—	—	—	

Client Acknowledgement	Initial
Minimums: I acknowledge the minimum participation guidelines and understand my account may not be accepted if I do not meet the minimums. MV Plans: 5 Primary Enrollments | MEC: 10 Primary Enrollments (can include MV lives) | Dental and Vision: 5 Primary Enrollments Each. If I fall below these minimums over the course of the policy, I understand I will be charged a "ghost life" fee for each member below the min.	
Ghost Life Fees: *MV or MV&MEC*: $100 for every MV member below 5 enrolled. | *MEC Only*: $49 for every MEC member below 10 enrolled.	
Eligibility: I understand enrollments can only be processed on the 1st of the month and terminations can only be processed on the last day of the month.	
Plan Changes: I understand Employees may change their benefit plan and/or coverage tier during the annual renewal period or when experiencing a qualified life event that permits changes under a Special Enrollment Period. Changes cannot be made at any other time during the plan year.	
Retroactive Adjustments: I understand there is a limit of "60 days within the last day of the month" to process retroactive adjustments like terminations and enrollments. *Example:* The latest an enrollment for 1/1 can be submitted is 2/28. | The latest a 12/31 termination can be submitted is 2/28.	
Billing & Employee Contributions: I acknowledge that the full monthly premium will be drafted from the bank account(s) on file. Any employee contributions collected through payroll deductions are the sole responsibility of the employer to manage internally. Beni Solutions does not administer or process funds collected from employees.	

Signature

Authorized Group Signer (Name)	Signature	Title	Date
_____	_____	_____	_____

ACH Authorization Agreement

Required

Beni Solutions requires an ACH transaction to withdraw the monthly premium payment for your group's health insurance policy. *Please make certain that the funds are available by the Due Date to avoid interruption of service.*

Client Account

Client Legal Name:		Effective Date:	

Billing Details

Invoice:	Invoice is generated and sent out by the 25th of month prior to due date.
Billing Period:	The next month following the Invoice Date (e.g., Invoice generated on October 25th will be for the November billing period).
Due Date:	The 1st business day of each month (adjusted if necessary for holidays). This is when funds will be drafted.
Requirements:	Beni Solutions requires: • Groups to maintain a minimum participation level of five (5) employees. | Ghost Life fee applies if below minimum. • Groups to provide written notification to voluntarily terminate their policy, effective thirty (30) days prior to termination date. • Failure to pay premiums on a timely basis will result in termination of the group policy. Claims that processed without premium payment remitted will be at the responsibility of the Employer.
Adjustments:	Retroactive adjustments will be applied for thirty (30) days only. Premiums are NOT pro-rated. No refunds and/or partial refunds are issued. Client should pay as billed. Any reconciliation will be reflected on the next month's bill.
ACH Returns:	Should your draft be returned for any reasons, an email notification will be sent to ensure payment issue is corrected. If ACH is returned a second time $100 fee will be added to the following invoice to recover fees incurred to Beni Solutions.
ACH ID's:	Banks often block unknown ACH IDs by default as a fraud-prevention measure. To ensure payments are not rejected, please add/whitelist **ALL** of Beni Solutions' ACH ID's to your bank account. **ACH ID #1: 2204895317 | ACH ID #2: 1204895317 | ACH ID #3: 3204895317 | ACH ID #4: 4204895317 | ACH ID #5: 8204895317 | ACH ID #6: 1082689000**

ACH Authorization Agreement

I hereby authorize **Beni Solutions** to initiate monetary withdrawals from my account at the financial institution named above for the limited purposes of payment of amounts due for participation in the Beni Solutions Program.

Further, I agree not to hold **Beni Solutions** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until **Beni Solutions** receives written cancellation from me or my financial institution.

Invoicing Set Up Options | Subgroups

☐ 1. My account **does NOT** have subgroups: If so, proceed to bank account details section. No action needed.

☐ 2. My account **DOES** have subgroups:
- If so, complete Subgroup Invoice Options ⟶
- Ensure subgroup column is filled out on enrollment census
- If *Subgroup Invoice Option B:* Complete this form for **each** subgroup. 4 Subgroups = 4 ACH Forms.

Subgroup Invoice Options *(if Option 2)*

☐ A. **One** group invoice and one bank account drafted with subgroups listed next to member name

☐ B. **Multiple** invoices and bank accounts drafted: One per subgroup

Bank Account Details

Subgroup Name(*if Option B*):		Account Type:	☒ Checking
Name on Account:		Billing Contact:	
Bank Name:		Phone Number:	
Routing Number:		Email Address:	
Account Number:		Email Address 2:	

Signature

Authorized Group Signer (Name)	Signature	Title	Date
_____	_____	_____	_____