



# EMPLOYEE

## Enrollment Guide



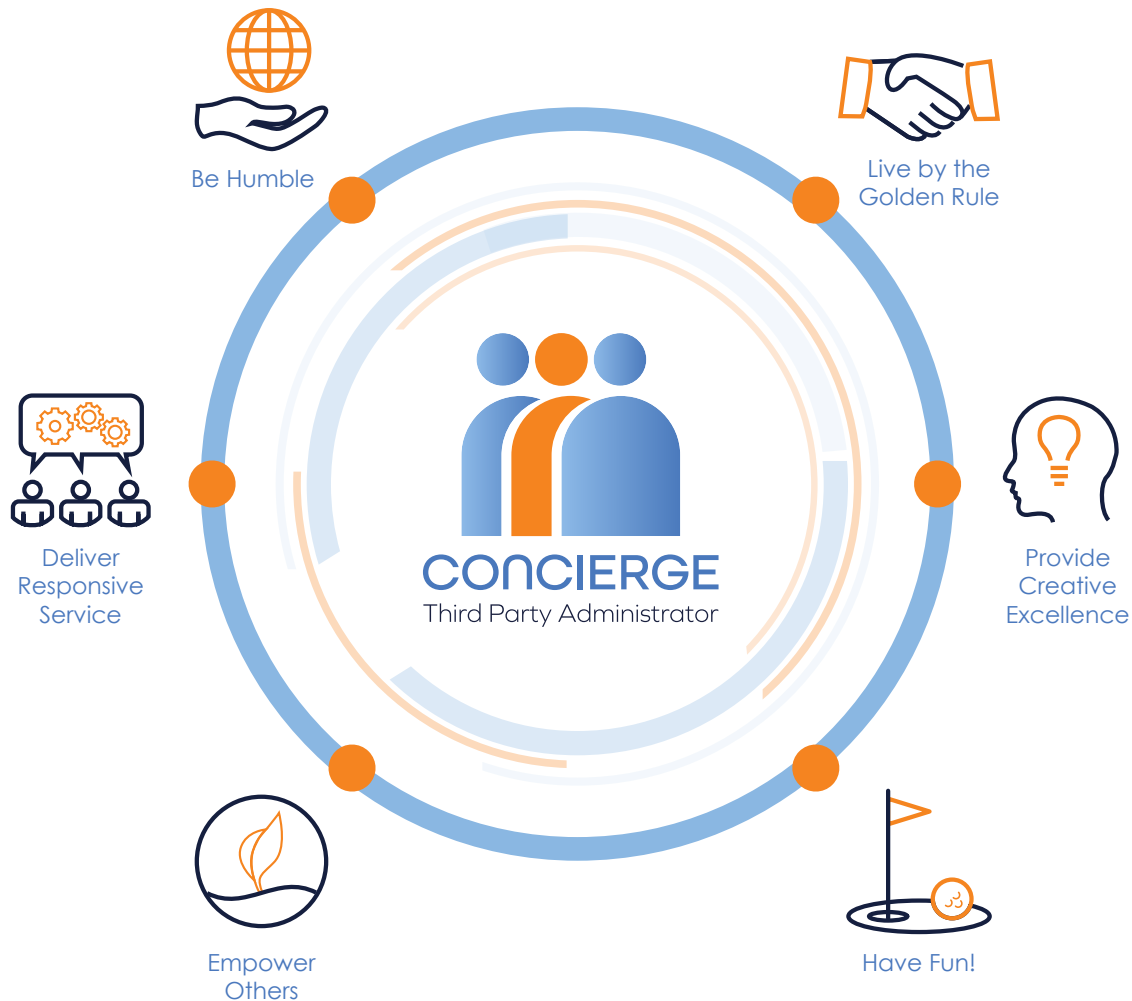
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[www.mybenefitservices.com/MyWorkChoice](http://www.mybenefitservices.com/MyWorkChoice)

# CONCIERGE—Here to Serve

Concierge is proud to help you navigate the Open Enrollment process.

**Our core values drive us to offer quality care.**



Your health matters; that's why we offer better benefit solutions at affordable prices. Concierge is driven by our core values, to deliver cost-efficient health benefit plans, and to ensure your rights and protections. Our goal is to serve you through our timely and sincere approach to customer service, always.

# WELCOME

to Your Open Enrollment!

It's time to dive into your employer's benefits for the new benefit year. Concierge is humbled to serve you with benefits that offer flexibility when and where you need it! Our various plans provide preventive care options, prescription benefits, and telemedicine care, among more.

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# MEMBERS THRIVE With Concierge TPA



## How to Enroll

It's easy to get the enrollment process started. Simply visit the **member portal** and have the following information at hand:

Remember, our service-first promise means you'll have a clear understanding of your benefit offerings and a dedicated team here to assist you if a question does arise. You can text or call us directly at 888.820.5687 with any concerns.

## What are the benefits of enrolling?

Although participation is largely voluntary, our plans empower you to choose the best path forward for your health. From screenings to vaccinations, our ACA-compliant Preventive Care Plan covers a wide range of services tailored to safeguard good health, including but not limited to the following:

- Blood pressure and cholesterol screenings
- Mental health screenings
- STI prevention counseling
- Tobacco use screenings
- Mammography screenings

Select services are covered at 100% and do not require a copayment, even if your yearly deductible hasn't yet been met.



# MEDICAL Plan

The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available.

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Medical Plan(s). For complete details of each benefit, reference the Plan Document.

Concierge offers custom benefit plans, which can include Telemedicine, Prescription Discount Programs, Vision and Dental Plans, Limited Medical Plans (see Page Numbers), and Hospitalization, among other added value services.



## Preventive Plan Options

Rates Per Pay Period ( Weekly)

Plan Options	Preventive Only	Preventive Plus
Employee Only	\$16.96	\$21.46
Employee + Spouse	\$36.58	\$43.38
Employee + Child(ren)	\$31.96	\$38.77
Family	\$50.42	\$59.54

# Preventive Only + C3Rx Plan Options

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/).

Benefit Services	Preventive Only + C3Rx
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
Clever/Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	N/A
Specialist Visit (Office Visit Only)	N/A
Urgent Care (Office Visit Only)	N/A
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	N/A
C3Rx inside the App <b>*Please see specific formulary list For C3Rx questions, please call: 866.330.8780.</b>	Unlimited ACA Prescriptions with \$0 Co-pay. Formulary \$0 Co-pay limited to 12 retail and 4 mail order. Call 866-330-8780.
PPO Network	First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan members can visit the First Health, Limited Benefit Plan, PPO Network website at [www.firsthealthlb.com](http://www.firsthealthlb.com) or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members can view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**



# Preventive + C3Rx Plan Options

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/).

Benefit Services	Preventive + C3Rx
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
Clever/Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	\$25 Copay - 3 Visits Maximum
Specialist Visit (Office Visit Only)	N/A
Urgent Care (Office Visit Only)	N/A
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	After Max Visits above, PPO discounts will still apply
C3Rx inside the App <b>*Please see specific formulary list            For C3Rx questions, please call:            866.330.8780.</b>	Unlimited ACA Prescriptions with \$0 Co-pay. Formulary \$0 Co-pay limited to 12 retail and 4 mail order. Call 866-330-8780.
PPO Network	First Health

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan members can visit the First Health, Limited Benefit Plan, PPO Network website at [www.firsthealthlb.com](http://www.firsthealthlb.com) or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members can view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**

# NOTICE:

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

**This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized.**

**You're still responsible for paying the cost of your care.**

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

## **Looking for comprehensive health insurance?**

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## **Questions about this policy?**

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance**



# LIMITED MEDICAL Plans

The premium amounts listed below are based per pay period.

## Limited Medical Plan Options

Rates Per Pay Period ( Weekly)

Plan Options	LM 200
Employee Only	\$20.31
Employee + Spouse	\$29.65
Employee + Child(ren)	\$27.35
Family	\$35.65

# Limited Medical Plan

## BENEFITS AND BENEFIT YEAR MAXIMUMS

Outpatient		Plan 200
Telemedicine (includes phone & video calls)		\$0 Copay
Physician office visit benefit amount per day:		\$60 per visit / 5 visits max
<ul style="list-style-type: none"> <li>Annual physical (wellness) benefit amount per day</li> </ul>		\$100 per visit / 1 visit max
<ul style="list-style-type: none"> <li>Urgent Care Clinic visit benefit amount per day</li> </ul>		\$150 per visit / 2 visits max
Diagnostic, X-ray, and Lab benefit amount per day:		
<ul style="list-style-type: none"> <li>Class 1: Laboratory - blood work, CMP, lipid panel, ECG, Pap/PSA, urinalysis, and all other laboratory tests</li> </ul>		\$30 per visit / 2 visits max
<ul style="list-style-type: none"> <li>Class 2: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram</li> </ul>		\$100 per visit / 2 visits max
<ul style="list-style-type: none"> <li>Class 3: Imaging CT, PET</li> </ul>		\$100 per visit / 1 visit max
<ul style="list-style-type: none"> <li>Class 4: MRI</li> </ul>		\$150 per visit / 1 visit max
Prescription		
Concierge Rx inside the App **Please see specific formulary list. ***For Rx questions, please call: 866-330-8780		Unlimited Rx for ACA \$0 Copay. Formulary: \$0 Copay: 12 max for retail (4 max for mail in)
Inpatient		
Day 1 hospital confinement benefit amount per day		\$200 per day / 1 day max
Day 2 hospital confinement benefit amount per day		\$150 thereafter
Maximum benefit per benefit plan year		30 days per benefit plan year
Surgery benefit amount (includes maternity) per day		\$500 per day / 1 day max
Anesthesia benefit amount per day		\$125 per day / 1 day max
Other Services		
Clever is a doctor and pharmacy at your finger tips! Use your digital Rx discount card, securely store your digital medical ID card, talk with a doctor over the phone or video call, and so much more!		Unlimited access to Board-Certified doctors by phone or mobile app 24/7, with \$0 copay

Plan Options	Weekly
Employee Only	\$6.67
Employee + Spouse	\$14.75
Employee + Child(ren)	\$13.48
Family	\$17.58

## HealthSelect Plan Details **Limited Benefit Medical Plan**

Limited Benefit Medical provided by AXIS Insurance Company	Plan 1
<b>Inpatient<sup>1</sup></b>	
Accident medical benefit (per year)	\$5,000
<b>Outpatient<sup>1</sup></b>	
Accident medical benefit (maximum per year)	<b>\$5,000</b>
Benefit % payable	80% U&C
Deductible per accident	\$0
<b>Critical Illness<sup>1</sup></b>	
Critical Illness maximum benefit (per year)	
<b>Cash payment for 10 covered conditions</b> - Cancer, Renal Failure, Heart Attack, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery bypass surgery, Alzheimer's, ALS, Terminal illness	\$5,000
<b>Term Life benefit</b>	
Employee	\$10,000
Spouse	\$5,000
Children	\$2,000
<b>Non-Insurance benefits: Supplemental assistance*</b>	
First Health PPO Network discounts	Included



# Short Term Disability

If an employee is disabled and unable to work due to an illness or accident, our Short Term Disability plan can help. Short Term Disability insurance replaces a portion of an employee's income when unable to work due to an illness or accident.

Short Term Disability	
Who is eligible for coverage?	Employees only. Dependent coverage is not available.
When are benefits payable?	<ul style="list-style-type: none"> <li>Benefits are payable for a disability if you are unable to perform your regular occupation or any occupation due to an accident or sickness following: <ul style="list-style-type: none"> <li>7 days for sickness</li> <li>0 days for accident or hospitalization</li> </ul> </li> <li>Benefits are payable for up to 26 weeks of disability</li> <li>12-month treatment period / 12month limitation period</li> </ul>
What is the benefit amount?	50% of base pay, up to a maximum of \$125 per week
Is there a pre-existing condition limitation?	Yes, a 12-month treatment period / 12-month limitation period
Weekly Rates	
Employee	\$3.40

## Pre-Existing Condition Limitation

The Insurance Company will not pay Disability Benefits for any period of Disability caused by or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means an Injury or Sickness for which the Employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a physician within 12 months before his or her most recent effective date of insurance. The Pre-existing Condition Limitation will apply to any added benefits or increase in benefits. It will not apply to a period of Disability that begins after an Employee is in Active Service for at least 12 months after his or her most recent effective date of insurance or the effective date of any added or increased benefits.

The Pre-Existing Condition Limitation will not apply to an Employee covered under a Prior Plan who satisfied the Pre-existing Condition Limitation, if any, under that plan. If an Employee, covered under a Prior Plan, did not fully satisfy the Pre-existing Condition limitation of that plan, credit will be given for any time that was satisfied. Time will not be credited for any day an Employee is not actively at work due to his or her Injury or Sickness. The Pre-existing Condition Limitation will be extended by the number of days the Employee is not actively at work due to his or her Injury or Sickness.

## What's Not Covered

**AXIS Insurance Company will not pay Short Term Disability Benefits for a Disability that results, directly or indirectly, from any of the following events:**

- Attempted suicide, or whenever an Insured Person injures Himself on purpose.
- War or any act of war, whether or not declared.
- Serving on full-time active duty in any armed forces. If the Insured Person sends proof of military service, the Company will refund the portion of the premium paid to cover the Insured Person during a period of such service.
- Active participation in a riot.
- Commission of a felony.
- Incarceration in a penal or corrections institution.
- Participation in an activity or event while under the influence of a controlled substance (unless administered by a Physician or taken according to a Physician's instructions) or Intoxicated. Intoxicated means that condition as defined by the law of the jurisdiction in which the activity or event occurred.
- Any cosmetic surgery or surgical procedure that is not Medically Necessary.
- An Injury or Sickness for which the Employee is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.
- The Insured Person's refusal to participate in rehabilitation efforts as required by the Company.
- The Insured Person is not receiving Appropriate Care by a Physician.
- The Insured Person fails to cooperate with the Company in the administration of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.
- The revocation, restriction or non-renewal of an Insured Person's license, permit or certification necessary to perform the duties of His occupation unless due solely to Injury or Sickness otherwise covered by the Certificate/Policy.
- An Injury or Sickness that is work related.

Short Term Disability Plans are underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

THIS INSURANCE PROVIDES LIMITED BENEFITS. LIMITED BENEFITS PLANS ARE INSURANCE PRODUCTS WITH REDUCED BENEFITS AND ARE NOT INTENDED TO BE AN ALTERNATIVE TO OR INTEGRATED WITH COMPREHENSIVE COVERAGE. FURTHER, THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE ADDITIONAL PAYMENT WITH YOUR TAXES.

## **Plan Details (continued)**

### **Additional Plan Details**

#### **Employee eligibility:**

Employee eligibility is defined by the employer.

#### **Individual underwriting:**

None. Guaranteed issue with no medical questions or evidence required.

#### **Coverage availability:**

Not available in all states.

#### **Issue ages:**

Employee/spouse – ages 18 through 64.

Dependent child – to age 26.

#### **AD&D benefit reductions:**

At age 70-74, benefit reduces to 65% of original face amount.

At age 75-79, benefit reduces to 40% of original face amount.

At age 80+, benefit reduces to 20% of original face amount.

**Pre-existing condition limitations:** varies by state

**Hospital Indemnity:** None

**Critical Illness:** 12 Month Treatment/ 12 Month Limitation

The inpatient hospital fixed indemnity, outpatient accident-only, critical illness and AD&D benefit plans are underwritten by AXIS Insurance Company. Prescription insurance, if offered, is provided by RxSense and is not underwritten by AXIS Insurance Company. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth in the policy.

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COVERAGE IS SUBJECT TO EXCLUSIONS AND LIMITATIONS, AND MAY NOT BE AVAILABLE IN ALL US STATES AND JURISDICTIONS. PRODUCT AVAILABILITY AND PLAN DESIGN FEATURES, INCLUDING ELIGIBILITY REQUIREMENTS, DESCRIPTIONS OF BENEFITS, EXCLUSIONS OR LIMITATIONS MAY VARY DEPENDING ON LOCAL COUNTRY OR US STATE LAWS. FULL TERMS AND CONDITIONS OF COVERAGE, INCLUDING EFFECTIVE DATES OF COVERAGE, BENEFITS, LIMITATIONS AND EXCLUSIONS ARE SET FORTH IN THE POLICY.

THESE PLANS CONSIST ONLY OF AN AD&D, CRITICAL ILLNESS AND HOSPITAL INDEMNITY POLICY. THE COVERED LOSSES ARE LIMITED TO THOSE LOSSES LISTED ABOVE.

The Limited Benefit Plans are underwritten by AXIS Insurance Company under group policy form series numbers T-GOA-001-0112, T-GCI-001-0112, T-GHI-001-0112.

Disclaimer: The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected. The benefits described above are provided only through a combination of policies.

# What's Not Covered

## **Under the Group Hospital Indemnity We will not pay for any loss, injury or sickness that is caused by, or results from:**

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Travel or activity outside the United States, Canada or Mexico, except for a Medical Emergency;
8. Flight in, boarding or alighting from an Aircraft except as: a fare-paying passenger on a regularly scheduled commercial or charter airline; a passenger in a non-scheduled, private Aircraft used for pleasure purposes with no commercial intent during the flight;
9. Travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
10. Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
11. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
12. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether he is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
13. An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
14. Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Physician unless specifically provided herein;
15. Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
16. Repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
17. Elective Abortion. Elective Abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
18. Mental and nervous disorders;
19. Elective surgery or cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury or Covered Sickness;
20. Experimental or Investigational drugs, services, supplies. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Insured Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
21. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
22. Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery;
23. Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Covered Sickness;
24. Treatment or services provided by a private duty nurse;
25. Organ or tissue transplants and related services;
26. Personal comfort or convenience items;
27. Rest or custodial cures;
28. Hearing aids;
29. An Injury or Sickness for which the Insured Person is paid benefits under any Workers' Compensation or occupational disease law or under any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident.

## **In addition, benefits will not be paid for services or treatment rendered by any person who is:**

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. The Insured Person.

## **Under the Accident Medical Expense Policy We will not pay for loss, injury or sickness that is caused by, or results from:**

1. Intentionally self-inflicted injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Release, whether or not accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release;
6. An injury or sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
7. Flight in, boarding or alighting from an Aircraft except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
8. Travel in any aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
9. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice, unless it occurs during treatment of injuries sustained in a Covered Injury;
11. The Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in his blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officers report, or similar items will be considered proof of the Insured Person's intoxication;
12. Aggravation or re-injury of a prior injury the Insured Person suffered prior to His Coverage Effective Date, unless the Company receives a written medical release from the Insured Person's Physician;



## What's Not Covered (continued)

13. Sickness, disease or any bacterial infection, except one that results from an Accidental cut or wound, or pyogenic infections that result from Accidental ingestion of contaminated substances.

### In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. Employed or retained by the Policyholder;
2. Living in the Insured Person's household;
3. An Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or
4. The Insured Person.

### In addition to the above Exclusions, Under the Accident Medical Expense Policy, We will not pay for any loss, treatment or services resulting from or contributed to by:

1. Treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances;
2. Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis;
3. Osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness;
4. Detached retina unless caused by a Covered Accident;
5. Mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy) whether or not caused by a Covered Accident;
6. Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
7. Mental and nervous disorders;
8. Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy.)
9. Expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial disorders;
10. Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits, including any insurance policy that provides benefits to the Insured Person for injuries resulting from an occupational accident, or while engaging in activity for monetary gain from sources other than the Policyholder.
11. All surgery, including cosmetic and elective surgery;
12. Any elective treatment, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States;
13. Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
14. Expenses payable by any automobile insurance policy without regard to fault (This exclusion does not apply in any state where prohibited.)

15. Conditions that are not caused by a Covered Accident;
16. Any treatment, service or supply not specifically covered by the Certificate; or
17. Injuries paid under medical payment coverage or no-fault coverage contained in an automobile insurance policy or liability insurance policy.

### In addition, Critical Illness Benefits will not be paid for:

1. the Insured Person's suicide or intentional self-inflicted injury or Sickness, while sane or insane;
2. the Insured Person's being under the influence of an excitant, depressant, hallucinogen, narcotic, and other drug, or intoxicant including those taken as prescribed by a Physician;
3. the Insured Person's commission of or attempt to commit an assault or felony;
4. the Insured Person's engaging in an illegal activity or occupation;
5. Any Pre-existing Condition, except where coverage has been in effect for a period of twelve (12)\* consecutive months following the Covered Person's effective date of coverage. "Pre-existing Condition" means a Sickness suffered by a Covered Person for which he or she sought or received medical advice, consultation, investigation, or diagnosis, or for which treatment was required or recommended by a Physician during the 12\* months immediately prior to the Covered Person's effective date of coverage, that directly or indirectly causes the condition to occur within the first 12\* months from the Covered Person's most recent effective date of coverage.  
**\*Will vary by state.**
6. the Insured Person's voluntary participation in a riot;
7. any illness, loss or condition specifically excluded from the definition of any Critical Illness;
8. a Critical Illness that was initially Diagnosed before the Coverage Effective Date;
9. war, whether declared or not;
10. balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedure unless covered under this Certificate; or
11. any injury or Sickness covered under any state or federal Workers' Compensation, Employer's Liability law or similar law.

### No Prescription Drug Benefits will be paid for:

1. All over-the-counter products and medications unless shown in the definition of Prescription Drug. This includes, but is not limited to, electrolyte replacement, infant formulas, miscellaneous nutritional supplements, and all other over-the-counter products and medications.
2. Blood glucose meters and insulin injecting devices.
3. Depo-Provera; condoms, contraceptive sponges, and spermicides; sexual dysfunction drugs.
4. Biologicals (including allergy tests); blood products; growth hormones; hemophilic factors; MS injectable; immunizations; and all other injectable unless shown in the definition of Prescription Drug.
5. Medical supplies and durable medical equipment.

6. Liquid nutritional supplements; pediatric Legend Drug vitamins; prescribed versions of Vitamins A, D, K, B12, Folic Acid, and Niacin – used in treatment verses as a dietary supplement; and all other Legend Drug vitamins and nutritional supplements.
7. Anorexiant; any cosmetic drugs including, but not limited to, Renova and skin pigmentation preps; any drugs or products used for the treatment of baldness; and topical dental fluorides.
8. Refills in excess of that specified by the prescribing Physician, or refills dispensed after one year from the original date of the prescription.
9. Any drug labeled "Caution – limited by Federal Law for Investigational Use" or experimental drugs.
10. Any drug which the Food and Drug Administration has determined to be contraindicated for the specific treatment.
11. Drugs needed due to conditions caused, directly or indirectly, by a Covered Person taking part in a riot or other civil disorder; or the Covered Person taking part in the commission of a felony.
12. Drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or any act of war; or drugs dispensed to a Covered Person while on active duty service in any armed forces.
13. Any expenses related to the administration of any drug.
14. Drugs or medicines taken while in or administered by a Hospital or any other health care facility or office.
15. Drugs covered under Worker's Compensation, Medicare, Medicaid or other governmental program.
16. Drugs, medicines or products which are not medically necessary.
17. Diaphragms; erectile dysfunction Legend Drugs; and infertility Legend Drugs.
18. Epi-Pen, Epi-Pen Jr., Ana-Kit, Ana-Guard; Glucagon-auto injection; and Imitrex-auto injection. Smoking deterrents, Legend or over-the-counter drugs.
19. Replacement of stolen medication (except under circumstances approved by us), or lost, spilled, broken or dropped Prescription Drugs.
20. Vacation supplies of Prescription Drugs (except under circumstances approved by us).
21. All newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication.

**\* Prescription benefits provided are not underwritten by AXIS Insurance Company but are underwritten by an A.M. Best Rated Carrier.**

**Please note that certain exclusions and limitations listed in the "What's Not Covered" sections may vary by state law.**

### AXIS Group Benefits, LLC

7310 N 16th St, Ste 165

Phoenix, Arizona 85020

888.376.5391

sales@axisgroupbenefits.com



# Extra Money is Playing Hide & Seek in Your Claims

CONCIERGE CAN HELP YOU FIND IT



**We're not satisfied with the bare minimum—are you?** As a Concierge member, you can access tools to find and take advantage of savings hiding in your claims.

Through our partnerships, we can help you lower medical costs with hospital bill reviews and 501R qualification surveys. We are supercharging your savings through our comprehensive approach:

- Coding error reviews for all facility claims.
- Clinical necessity reviews for all facility claims.
- 501(r) discounts for non-profit hospitals where applicable.

## SUPERCHARGED SAVINGS

- Plan savings: Up to 80% off billed charges.
- Member savings: Up to 100% of patient responsibility waived.
- \$0 review threshold: All claims get a full audit by licensed experts.
- Average savings: 20-30%.
- Instant eligibility checks: 3,500+ hospitals enabled for financial assistance screening.
- Easy EHR retrieval: 2,500+ hospitals enabled digital EHR access.

**Claims above \$35,000** are the typical industry threshold for reviews.

**Only 5%** of claims are usually reviewed.

41% of all claims qualify for **501(r)/financial assistance**.

**8%**

in annual plan savings are **overlooked** on average.

47% of all claims **contain errors**.

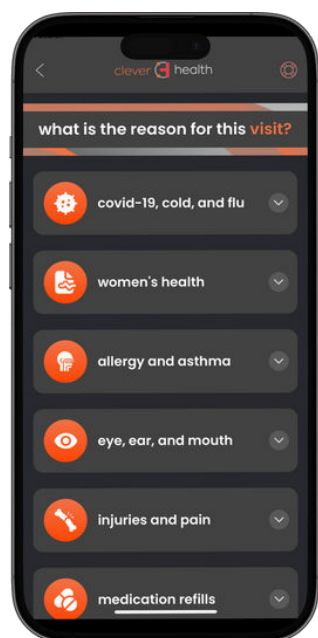
**95%** of claims are never reviewed.

introducing clever health

# Smart Virtual Care™

your path  
to better  
health!

virtual **urgent** care



**\$0 per visit**

cold, flu,  
sinus infections

fever, cough,  
allergies, asthma

skin conditions,  
pink eye

UTI's, fatigue,  
migraines, and more!



- **asynchronous** visits
- phone or video
- **on demand** 24/7
- includes **discount** **prescription** card for huge savings

## how it works

1

download the  
clever health  
app by  
scanning the qr  
code below:



2

enter last  
name, date of  
birth and zip  
code.  
**onboard** and  
**create** your  
story.

3

receive  
**support**  
from your  
care team...  
better days  
are on the  
way!

a better, more  
**clever** way!

**GET  
THE APP  
NOW!**

Clever Health Smart Virtual Care™ services are provided in accordance with local, state, and federal laws. Our providers may diagnose, treat and prescribe medication if medically necessary. Providers do not prescribe for substances controlled by any federal (DEA) or state agency or other drugs that may be harmful because of their potential for abuse. © 2024 Clever Health, Inc., all rights reserved. v0924 | CH1

# 200 Formulary



Brand   Dosage   Form	Brand   Dosage   Form
<b>ALLERGY</b>	
Carbinoxamine 4 mg/5 mL Liquid	Diphenhydramine Hcl 50 mg Capsule
Cetirizine Hcl 10 mg Tablet	Hydroxyzine Hcl 10 mg/5 mL Solution
Cetirizine Hcl 1 mg/mL Solution	Hydroxyzine Hcl 50 mg Tablet
Cyproheptadine Hcl 2 mg/5 mL Syrup	Montelukast 10 mg Tablet
<b>ANEMIA</b>	
Ferrex 150 Forte Caps - Vit B12, Vit B9, Iron - Generic	
<b>ANTIBIOTICS</b>	
Augmentin 875-125 mg Tablet - Generic	Polytrim Ophthalmic Solution - Generic
Cephalexin 500 mg Capsule	Bactrim DS - Generic
<b>ANTICOAGULANT</b>	
Clopidogrel 75 mg Tablet	Warfarin 3 mg Tablet
Warfarin 1 mg Tablet	
<b>ANTIFUNGAL</b>	
Clotrimazole 1% Topical Cream	Ketoconazole 200 mg Tablet
<b>ANTIVIRAL</b>	
Acyclovir 200 mg Capsule	Famciclovir 250 mg Tablet
<b>BLOOD PRESSURE</b>	
Amlodipine 10 mg Tablet	Lisinopril 2.5 mg Tablet
Amlodipine 2.5 mg Tablet	Lisinopril 20 mg Tablet
Amlodipine 5 mg Tablet	Lisinopril 30 mg Tablet
Amlodipine/Benazepril 10-20 mg Capsule	Lisinopril 40 mg Tablet
Amlodipine/Benazepril 2.5-10 mg Capsule	Lisinopril 5 mg Tablet
Amlodipine/Benazepril 5-40 mg Capsule	Lisinopril/HCTZ 20-12.5 mg Tablet
Atenolol 25 mg Tablet	Lisinopril/HCTZ 20-25 mg Tablet
Atenolol 50 mg Tablet	Metoprolol Tartrate 25 mg Tablet
Carvedilol 12.5 mg Tablet	Metoprolol Tartrate 75 mg Tablet
Carvedilol 25 mg Tablet	Olmesartan Medoxomil 20 mg Tablet
Carvedilol 3.125 mg Tablet	Olmesartan Medoxomil 40 mg Tablet
Clonidine 0.1 mg Tablet	Spironolactone 25 mg Tablet
Clonidine 0.2 mg Tablet	Terazosin 10 mg Capsule
Furosemide 10 mg/mL Solution (Oral)	Terazosin 1 mg Capsule
Hydralazine 10 mg Tablet	Terazosin 2 mg Capsule
Hydralazine 25 mg Tablet	Terazosin 5 mg Capsule
Hydralazine 50 mg Tablet	Triamterene/Hydrochlorothiazide 37.5-25 mg Tablet
Hydrochlorothiazide 25 mg Tablet	Verapamil 120 mg Tablet
Hydrochlorothiazide 50 mg Tablet	Verapamil 40 mg Tablet
Lisinopril 10 mg Tablet	
<b>CHOLESTEROL</b>	
Atorvastatin 10 mg Tablet	Simvastatin 10 mg Tablet
Atorvastatin 20 mg Tablet	Simvastatin 20 mg Tablet
Pravastatin 10 mg Tablets	Simvastatin 40 mg Tablet
Rosuvastatin 10 mg Tablet	
<b>COLD</b>	
Albuterol Sulfate Syrup 2 mg/5mL 2 mg/5 mL Syrup	Amoxicillin 400 mg/5 mL Suspension
Amoxicillin 125 mg/5 mL Suspension	Amoxicillin 500 mg Capsule
Amoxicillin 200 mg/5 mL Suspension	Amoxicillin/Potassium Clav 200-28.5 mg/5mL Suspension
Amoxicillin 250 mg Capsule	Amoxicillin/Potassium Clav 400-57 mg/5mL Suspension
Amoxicillin 250 mg/5 mL Suspension	Azithromycin 250 mg Tablet

Brand   Dosage   Form	Brand   Dosage   Form
<b>COLD</b>	
Azithromycin 500 mg Tablet	Promethazine w/ Dextromethorphan 6.25-15 mg/5 mL Syrup
Guaifenesin 200 mg Tablet	Tessalon Perle 100 mg Capsule
Promethazine w/ Codeine 10-6.25 mg/5mL Syrup	Tessalon Perle 200 mg Capsule
<b>COPD</b>	
Ipratropium/Albuterol Sulfate 0.5-3 mg/3 - Sol for Nebulization	
<b>CORTICOSTEROID</b>	
Dexamethasone 0.5 mg Tablet	Hydrocortisone 5 mg Tablet
Dexamethasone 0.5 mg/5 mL Elixir	Medrol Dose Pack 4 mg - Generic
Hydrocortisone 2.5% Cream	Triamcinolone 0.1% Ointment
<b>DIABETES</b>	
Glimepiride 2 mg Tablet	Glyburide Micronized 1.5 mg Tablet
Glimepiride 4 mg Tablet	Glyburide Micronized 3 mg Tablet
Glipizide 5 mg Tablet	Metformin 1000 mg Tablet
Glipizide ER 2.5 mg Tablet	Metformin 500 mg Tablet
Glipizide ER 5 mg Tablet	Metformin ER 500 mg Tablet
Glyburide 1.25 mg Tablet	Metformin ER 750mg Tablet
<b>DIURETIC</b>	
Furosemide 20 mg Tablet	Torsemide 20 mg Tablet
Furosemide 40 mg Tablet	Torsemide 5 mg Tablet
Torsemide 10 mg Tablet	
<b>GASTROINTESTINAL</b>	
Dicyclomine 10 mg Capsule	Omeprazole 40 mg Capsule DR/EC
Dicyclomine 20 mg Tablet	Pantoprazole Sodium 20 mg Tablet DR/EC
Omeprazole 10 mg Capsule DR/EC	Pantoprazole Sodium 40 mg Tablet DR/EC
Omeprazole 20 mg Capsule DR/EC	Promethazine 6.25 mg/5 mL Syrup
<b>GOUT</b>	
Allopurinol 100 mg Tablet	Allopurinol 300 mg Tablet
<b>INSOMNIA</b>	
Doxepin 10 mg/mL Concentrate	Triazolam 0.25 mg Tablet
Trazodone 50 mg Tablet	
<b>LAXATIVE</b>	
Gavilyte-C Powder Solution	Lactulose 10 Gram/15 mL Solution
<b>MEN'S HEALTH</b>	
Cialis 10 mg Tablet - Generic	Viagra 100 mg Tablet -Generic
Cialis 20 mg Tablet - Generic	Viagra 50 mg Tablet - Generic
<b>MENTAL HEALTH</b>	
Alprazolam 0.5 mg Tablet	Diazepam 2 mg Tablet
Alprazolam 1 mg Tablet	Diazepam 5 mg Tablet
Bupropion 75 mg Tablet	Duloxetine 20 mg Capsule
Carbamazepine 100 mg/5 mL Suspension	Escitalopram 10 mg Tablet
Chlordiazepoxide 10 mg Capsule	Escitalopram 5 mg Tablet
Chlordiazepoxide 5 mg Capsule	Fluoxetine 20 mg Capsule
Citalopram 20 mg Tablet	Hydroxyzine Pamoate 25 mg Capsule
Citalopram 40 mg Tablet	Hydroxyzine Pamoate 50 mg Capsule
Clonazepam 0.5 mg Tablet	Imipramine 10 mg Tablet
Clonazepam 1 mg Tablet	Lamotrigine 200 mg Tablet
Clonazepam 2 mg Tablet	Lamotrigine 25 mg Tablet
Diazepam 10 mg Tablet	Levetiracetam 250 mg Tablet

# 200 Formulary



Brand   Dosage   Form	Brand   Dosage   Form
<b>MENTAL HEALTH</b>	
Lithium Carbonate 150 mg Capsule	Nortriptyline 75 mg Capsule
Lithium Carbonate 300 mg Capsule	Paroxetine 10 mg Tablet
Lithium Carbonate 600mg Capsule	Paroxetine 20 mg Tablet
Lithium Carbonate ER 300 mg Tablet	Paroxetine 30 mg Tablet
Lorazepam 0.5 mg Tablet	Sertraline 100 mg Tablet
Lorazepam 1 mg Tablet	Sertraline 25 mg Tablet
Methadone 10 mg Tablet	Sertraline 50 mg Tablet
Nortriptyline 25 mg Capsule	
<b>NAUSEA/VOMITING</b>	
Meclizine Hcl 12.5 mg Tablet	Promethazine 12.5 mg Tablet
Meclizine Hcl 25 mg Tablet	Promethazine 25 mg Tablet
<b>PAIN</b>	
Acetaminophen w/ Codeine 120-12 mg/5mL Solution	Naproxen 220 mg Tablet
Baclofen 20 mg Tablet	Oxycodone 10 mg Tablet
Carisoprodol 350 mg Tablet	Prednisone 1 mg Tablet
Cyclobenzaprine 10 mg Tablet	Prednisone 2.5 mg Tablet
Gabapentin 100 mg Capsule	Prednisone 20 mg Tablet
Gabapentin 300 mg Capsule	Prednisone 5 mg Tablet
Ibuprofen 400 mg Tablet	Tizanidine Hcl 2 mg Tablet
Indomethacin 25 mg Capsule	Tizanidine Hcl 4 mg Tablet
Meloxicam 15 mg Tablet	Tramadol Hcl 50 mg Tablet
Meloxicam 7.5 mg Tablet	
<b>THYROID</b>	
Levothyroxine 175 Mcg Tablet	Levothyroxine 25 Mcg Tablet
<b>WEIGHT LOSS</b>	
Phendimetrazine Tartrate 35mg Tablet	
<b>WOMEN'S HEALTH</b>	
Alendronate Sodium 35mg Tablet	Loestrin-21 1-20 Mcg - Generic
Alyacen 1 mg/35 Mcg Tablet - Generic	Medroxyprogesterone 2.5 mg Tablet
Anastrozole 1 mg Tablet	Sprintec Tablet - Generic
Folic Acid 1 mg Tablet	Tri-Lo Marzia Tablet - Generic
Heather Tablet - Generic	Tri-Sprintec Tablet - Generic





## DENTAL Plan

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations sections of the Plan Document for complete details of each benefit.

Services can be rendered by any dental professional who is licensed to perform the services. The Plan contains three service categories: Preventive, Basic, and Major Services. The Plan applies a 90-day waiting period for Basic Services, and a 180-day waiting period for Major Services, prior to services being paid by the Plan. The plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the major services category, whether the service is major or not, unless excluded by the plan.



Plan Options	Dental—Rates Per Pay Period (Weekly)
Employee Only	\$7.38
Employee + Spouse	\$14.31
Employee + Child(ren)	\$14.31
Family	\$21.23

# Dental

Dental Plan	
Benefit Year Deductible (Deductible is waived for Preventive Services)	\$50 Individual \$150 Family
Benefit Year Maximum for Preventive, Basic, and Major Procedure Categories Combined	\$1,000 per Plan Member
Dental Services	
<b>Preventive Services</b>	Plan Pays 100%
Deductible Applied	No
Waiting Period	No
<ul style="list-style-type: none"> <li>Routine exams and cleanings twice per Benefit Year</li> </ul>	Included
<ul style="list-style-type: none"> <li>Fluoride treatments for Dependents under age 18 twice per Benefit Year</li> </ul>	Included
<ul style="list-style-type: none"> <li>Sealants up to age 16</li> </ul>	Included
<ul style="list-style-type: none"> <li>One bitewing x-ray series per Benefit Year</li> </ul>	Included
<ul style="list-style-type: none"> <li>One full mouth or panorex x-ray every three years</li> </ul>	Included
<ul style="list-style-type: none"> <li>Palliative emergency treatment</li> </ul>	Included
<ul style="list-style-type: none"> <li>Other x-rays</li> </ul>	Included
<b>Basic Services</b>	Plan Pays 80%
Deductible Applied	Yes
Waiting Period	Yes, 90 Days
<ul style="list-style-type: none"> <li>Oral Surgery</li> </ul>	Included
<ul style="list-style-type: none"> <li>Periodontics</li> </ul>	Included
<ul style="list-style-type: none"> <li>Endodontics</li> </ul>	Included
<ul style="list-style-type: none"> <li>Extractions</li> </ul>	Included
<ul style="list-style-type: none"> <li>Recementing and repair of bridges, crowns, removal dentures, or inlays</li> </ul>	Included
<ul style="list-style-type: none"> <li>Fillings</li> </ul>	Included
<ul style="list-style-type: none"> <li>General Anesthesia</li> </ul>	Included
<ul style="list-style-type: none"> <li>Antibiotic Drugs</li> </ul>	Included
<ul style="list-style-type: none"> <li>Space maintainers for Dependents under the age of 16 to replace primary teeth</li> </ul>	Included
<b>Major Services</b>	Plan Pays 50%
Deductible Applied	Yes
Waiting Period	Yes, 180 Days
<ul style="list-style-type: none"> <li>Gold restorations</li> </ul>	Included
<ul style="list-style-type: none"> <li>Installing partials, full, or removable dentures</li> </ul>	Included
<ul style="list-style-type: none"> <li>Installation of fixed bridges</li> </ul>	Included
<ul style="list-style-type: none"> <li>Inlays, Onlays, Crowns (not part of a bridge)</li> </ul>	Included

\*Please note: There is a minimum requirement of 25 employees or 10% of eligible employees to be enrolled, whichever is greater. If there is less than the minimum number of members enrolled, the group will be billed for the difference as "ghost employees" for the administration fee plus claims reserves. Concierge reserves the right to set the claims reserves amount and adjust the reserves anytime during the plan year to maintain a correct amount to pay claims.



# VISION Plan

This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

All services must be medically necessary and can be rendered by any vision professional who is licensed to perform the services. Plan members will have a 90-day waiting period prior to benefits being paid by the plan for hardware and other services. All eligible vision services apply to a combined maximum plan payment of \$600 per plan member per benefit year. Charges that exceed the maximum plan benefit year payment or that are not covered benefits of the plan, will be the plan member's responsibility.



Plan Options	Vision—Rates Per Pay Period (Weekly)
Employee Only	\$4.38
Employee + Spouse	\$8.31
Employee + Child(ren)	\$8.31
Family	\$11.77

# Vision

Vision 600		Deductibles & Benefit Year Maximums	
Benefit Year		TBD	
Annual Deductible		None	
Benefit Year Maximum Payment by the Plan		\$600 per Plan Member for combined services	
Lasik Services		Not Covered by the Plan	
Cosmetic Services		Not Covered by the Plan	
Vision Services			
Routine Eye Examination		Plan Pays 100%	
Plan Member Pays		\$25 Copay	
Plan Pays		100%	
Applies Annual Max		Yes	
One routine exam per Benefit Year per Plan Member to include:			
• Physician exam		Included	
• Visual acuity test		Included	
• Glaucoma test		Included	
• Refraction		Included	
• Other medically necessary testing performed in the physician's office		Included	
Hardware and Other Services		Plan Pays 100% after the 90-day waiting period	
Plan Member Pays		\$0 Copay	
Plan Pays		100%	
Applies Annual Max		Yes	
Includes:			
• Frames		Included	
• Single lenses		Included	
• Bifocal lenses		Included	
• Trifocal lenses		Included	
• Progressive lenses		Included	
• Lenticular lenses		Included	
• Contacts (conventional or disposable)		Included	
• Anti-Scratch Coating		Included	
• Anti-Reflective Coating		Included	

\*Please note: There is a minimum requirement of 25 employees or 10% of eligible employees to be enrolled, whichever is greater. If there is less than the minimum number of members enrolled, the group will be billed for the difference as "ghost employees" for the administration fee plus claims reserves. Concierge reserves the right to set the claims reserves amount and adjust the reserves anytime during the plan year to maintain a correct amount to pay claims.

# FAQS —

## The Answers You Need!



### When does Open Enrollment end?

Please communicate with your HR office for your open enrollment dates.

### What happens if I want to change my benefit plan?

Once enrolled, you cannot make plan changes except in the event of a qualifying life event. Please see your Human Resources Representative for information on your HIPAA Rights Notice, Explanation of Benefits (EOB), and further coverage enrollment and termination options available to you.

### What do I need to know about my ID card?

You'll receive an electronic ID card from us via email or text! Once your coverage starts, you can print copies of your ID card or access them on your phone via the Clever app.

### Why did I receive an Explanation of Benefits (EOB) in the mail?

EOBs can be viewed in the app or via the web portal. An EOB is not a bill. It simply outlines the total charges for your visit and what your health plan covers.

### Who do I call with more questions about my benefits or ID card?

You can text us directly at 918.876.5015 with any questions or concerns. Alternatively, you can call our team at 888.820.5687. If you're requesting information, we'll email or text you directly.

### How do I find a provider?

Finding a qualified provider is simple! You can make an appointment using the Clever app.

The CHIPRA (Children's Health Insurance Program Reauthorization Act) informs you of group health plan premium assistance opportunities through Medicaid and the Children's Health Insurance Program (CHIP). Please reference the CHIPRA Notice from your human resource office for possible premium assistance opportunities in your state.

Medicare regulations require the plan sponsor to inform individuals, who are eligible for Medicare benefits, as to whether the prescription benefits of the health plans being offered are creditable or non-creditable to the coverage requirements of Medicare Part D. Medicare eligible individuals should be advised that the Plan has determined that the prescription drug coverage of the Plan options available are **non-creditable**. Please review the Medicare Part D Notice from your human resource office for details on how this may impact you.

The benefits described in this document are subject to the full terms and conditions of the Plan Document. If there is a discrepancy between this communication and the Plan Document, the Plan Document is the authority. While your employer has an intention to continue to provide the benefits described herein, the employer expressly reserves the right to amend, suspend, discontinue, or terminate the Plan and/or any benefit program, or to change the content of this overview or summary at any time. If you need more information please contact your human resource office.

Due to state and federal regulations, rates are not fixed and are subject to change.





Since 2014, Concierge has made it its mission to offer better, affordable benefit solutions to employees. Our fully customizable insurance plans, along with our dedication to service, makes us stand apart from the crowd.

**CONCIERGE: Here to Serve**

## CONCIERGE CUSTOMER SERVICE

888-820-5687

[eligibility@ctpa.com](mailto:eligibility@ctpa.com)

[www.mybenefitservices.com /MyWorkChoice](http://www.mybenefitservices.com/MyWorkChoice)