THE SMARTHEALTH COMPANY

# SHC Benefit plans

## EliteCare Plus
## EliteCare Complete

Outpatient Primary Care, Specialist, Urgent Care Visits
Annual Wellness & Preventive Care, 24/7 Virtual Care
Prescription, Labs, Imaging Benefits
Comprehensive Care - hospital, surgery, maternity


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http://smarthealthcompany.com


2025 Plan Year

# A BETTER APPROACH HEALTHCARE BENEFITS

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

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

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

***INTRODUCING...***

## ELITECARE

HEALTHCARE BENEFIT PLANS

*Be **Smart** about your health and your **Healthcare Benefits***

# SHC EliteCare Plan Highlights

## Enhanced Telemedicine

**Virtual Urgent Care -** 24/7 access. No copay. No consult fees. Board-certified physicians. No appointments needed.

**Virtual Behavioral Health -** Licensed therapists and Psychologists. Medication management. Health risk assessment.

## Outpatient Care

**Primary Care Visits -** Unlimited primary care physician office visits. $15 copay. No balance billing.

**Specialist Physician Visits -** Unlimited specialist physician office visits. $15 copay. No balance billing.

**Urgent Care Visits -** Unlimited urgent care facility visits. $50 copay. No balance billing.

**Wellness & Preventive Care -** Annual wellness and preventive care for men, women, and children. Includes colonoscopy and mammogram screenings. $0 cost.

**X-rays & Labs -** Unlimited standard bloodwork labs and x-rays. $50 copay. No balance billing.

**Prescriptions -** Nationwide access. $15/$30/$50/$75 copay based on formulary tier.

## Comprehensive Care

**Inpatient Benefits -** Hospital confinement (initial admission & stay); ICU & sub-acute ICU; surgery; advanced labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); physician & specialist visits; emergency room with admission.

**Outpatient Benefits -** Surgery & anesthesia (includes physician & facility fees); advanced labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); Physicial rehabilitaion therapy; physician & specialist visits; emergency room without admission.

**Maternity Benefits -** Covers all pre-natal physician & OBGYN visits; Birth & delivery (hospital, birthing center, home); Surgery & anesthesia; Hospital stay (mother & child); NICU and sub-acute NICU; Emergency room visits.

All comprehensive care benefits covered 100% after out of pocket met.
No network requirements for comprehensive care.

# Choose Your Plan

## SHC EliteCare Complete

**Enhanced Telemedicine -** 24/7 virtual urgent care and behavioral health.

**Outpatient Benefits-** PHCS Multiplan Network

Unlimited primary care and specialist physician office visits. $15 copay. No balance billing.
Unlimited urgent care facility visits. $50 copay. No balance billing.
Unlimited standard bloodwork labs and x-rays. No balance billing.
Annual wellness and preventive care.
Prescription Benefit $15/$30/$50/$75 copay based on formulary tier.

**Comprehensive Care Benefits-** *choose $5000, $2500, or $1000 out of pocket. Covers 100% after out of pocket met.*

**Inpatient Benefits** - Hospital confinement (initial admission & stay); ICU & sub-acute ICU; surgery; advanced labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); physician & specialist visits; emergency room with admission.

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## SHC EliteCare Plus

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# EnhanceYour Benefits

**Enhance your healthcare plan with these additional benefit options that can provide added protection and help lower your out of pocket costs for routine and unexpected medical issues.**

- **ExtendedCare** Benefit Plan

Provides you and your family a direct indemnity benefit (paid directly to you) for hospital stays, surgery, accident related injuries, and diagnosis of major critical illness events such as heart-attack, cancer, and stroke.

- **Dental Insurance** Benefit Plan

Get the dental care you need with no waiting periods for diagnostic/preventive or basic dental care from one of the largest dental providers in the country. Choose from two plan options.


- **Vision Insurance** Benefit Plan

Vision coverage for eye exams, lenses, frames, and contact from the nation's largest vision benefit provider.

SHC Benefit Plans

# EliteCare
## OUTPATIENT BENEFITS

### Primary Care Physician Visits

Unlimited primary care physician office visits.
Outpatient only benefit.
$15 copay. PHCS Multiplan Network.

### Specialist Physician Visits

Unlimited specialist physician office visits.
Outpatient only benefit.
$15 copay. PHCS Multiplan Network.

### Urgent Care Facility Visits

Unlimited specialist physician office visits.
Outpatient only benefit.
$50 copay. PHCS Multiplan Network.

### Labs & X-rays

Unlimited lab tests & screenings; X-rays.
Outpatient only benefit.
$50 copay. PHCS Multiplan Network.

### Preventive Care & Wellness

Annual wellness exam & preventive care
(see preventive care schedule of benefits)
Outpatient only benefit. PHCS Multiplan Network.
No copay. 100% coveraged.

### Virtual Telehealth & Behavioral Health

24/7/365 Telehealth - no copays or consult fees.
Behavioral Health - $50/visit, first 3 then $85/visit thereafter.

### Prescription Benefits

60,000+ participating pharmacy locations nationwide
Exhaustive formulary with thousands of medications
$15/$30/$50/$75 Rx copays based on formulary tiers

SHC Benefit Plans

# Covered Preventive Services

Network: Multiplan PHCS, in-network only benefits

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

**ADULTS**
**18 years+**

• 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 age 18 to 79 years • HIV screening for everyone age 15 to 65, and other ages at increased risk • PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use • Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus • Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years • Obesity screening and counseling • Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk • Statin preventive medication for adults 40 to 75 years at high risk • Syphilis screening for all adults at higher risk • Tobacco use screening for all adults and cessation interventions for tobacco users • Tuberculosis screening for certain adults with symptoms at high risk

**WOMEN**
**18 years+**

• Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause • Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing) • Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer • Breast Cancer chemoprevention counseling for women at higher risk • Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women • Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers." • Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65 • Chlamydia infection screening for younger women and other women at higher risk • Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before • Domestic and interpersonal violence screening and counseling for all women • Folic acid supplements for women who may become pregnant • Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes • Gonorrhea screening for all women at higher risk • Hepatitis B screening for pregnant women at their first prenatal visit • Maternal depression screening for mothers at well-baby visits • Preeclampsia prevention and screening for pregnant women with high blood pressure • Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk • Sexually Transmitted Infections counseling for sexually active women • Expanded tobacco intervention and counseling for all pregnant tobacco users • Urinary incontinence screening for women yearly • Urinary tract or other infection screening • Well-woman visits to get recommended services for women

**CHILDREN**
**Under 18**

• 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 HIVnegative 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

# EliteCare
## COMPREHENSIVE CARE BENEFITS

SHC Benefit Plans

Comprehensive care benefits are for major healthcare needs such surgery, hospitalization, cancer treatment, diagnostic labs and imaging, maternity, and emergency room visits. These benefits are facilitated through a medical share, which allows us to provide both lower monthly rates and lower out of pocket costs while maintaining the highest levels of quality care and service.

### Network Requirements & Out of Pocket Costs (IUA)

No network requirement for comprehensive care.
Initial unshareable amount (IUA) $2500 or $1000
IUA can occur max. 3 times per 12 month period from the date of the 1st IUA.

### Inpatient Comprehensive Care Benefits

All benefits 100% shareable after IUA is met.
Hospital confinement (initial admission & stay); ICU & sub-acute ICU; surgery; labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); physician & specialist visits; emergency room with admission.

### Outpatient Comprehensive Care Benefits

All benefits 100% shareable after IUA is met.
Surgery & anesthesia (includes physician & facility fees); physical rehabilitation therapy; labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); physician & specialist visits; emergency room without admission.

### Maternity Benefits

All benefits 100% shareable after IUA is met.
Prenatal physician & OBGYN visits; birth (at home, birth center, hospital); surgery; hospital stay (mother & child); emergency room with admission.

### End of Life Benefits

Shareable for al services required at time of death for a participating active member.
Primary or Spouse: $10,000 | Child Dependent: $2,500
Paid once per decedent.

# UNDERSTANDING MEDICAL SHARE PLAN BENEFITS

## What is a medical share plan ?

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

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

## What is a comprehensive care event ?

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

This means treatment for a broken leg is considered 1 event; treatment for a dislocated shoulder would be considered a 2nd event; and pregnancy and delivery would be a 3rd event. Each of these would require that the IUA is met prior to the balance of the medical expenses would be "shared" with the community and paid according to the plan benefit guidelines.

## What is an IUA and how does it work ?

An IUA (initial unshareable amount) is the out of pocket portion the member must provide before the medical share plan contributes to the balance due for the medical services provided according to the plan benefit guidelines. The full amount of the IUA must be paid within 6 months of the service date for the balance to be shareable. The IUA can be paid directly to the medical provider by the member or in some cases the member may elect to pay the IUA directly to the medical share plan provider. Once the IUA is met the comprehensive care plan provides 100% of the balance due for the shareable medical need(s) related to the specific comprehensive care event.

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

**Example 1 - Plan Effective Date Jan 1, 2024**
Feb 2, 2024: broken ankle (1st IUA ) | Apr 12, 2024: gall bladder surgery (2nd IUA) | Dec 3, 2025: knee surgery (3rd IUA)
Jan 15, 2025: maternity (No IUA required)
- The 3rd IUA (12/3/24) occurred within 12 calendar months of the 1st IUA comprehensive care event (2/2/24)
- The 4th IUA (1/15/25) occurred within 12 calendar months of the 1st IUA comprehensive care event (2/2/24)

**Example 2 - Plan Effective Date Jan 1, 2024**
Feb 2, 2024: broken ankle (1st IUA ) | Mar 3, 2025: knee surgery (1st IUA)
- The knee surgery on 3/3/25 was more than 12 calendar months after the initial IUA comprehensive care event (2/2/24) and is considered to be the starting date for the next 12 month calendar IUA period.

## Pre-existing Conditions:

A medical condition is not considered as "pre-existing" if the patient has been symptom and treatment free for a period of 24 months or more.

Medical needs that arise from conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership.

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

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

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

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

## Pre-Existing Condition Phase-In Period

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

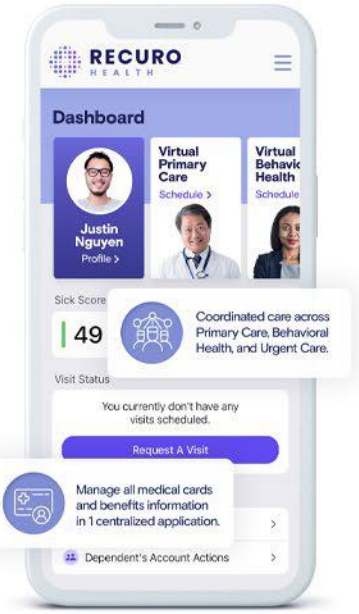
The medical share plan attempts to negotiate all medical bills received. Even if a pre-existing condition is not shareable, members may still receive discounts for their services through negotiation.

**Shareable amounts for pre-existing conditions:**
YEAR 1: $0 (waiting period)
YEAR 2: $25000 max
YEAR 3: $50000 max
YEAR 4: $125000 max

SHC Benefit Plans

# EliteCare TELEHEALTH BY RECURO HEALTH

**This benefit is included on EliteCare Plus & EliteCare Complete Plans**




**Telemedicine Plan**

## Enhanced Telemedicine

Virtual Urgent Care services provide access, 24/7 through phone and video interactions, no matter the member's location or circumstance. Plus get access to counseling and psychiatry when you need it.


### Virtual Urgent Care

**$0 Copay**

**24/7 Access**
Recuro physicians are available whenever patients need them, day or night

**$0 Consult**
Access virtual urgent care services with no consult fee or copay

**Easy Access**
Live video and phone options let each patient receive care the way they like

**Full Family Coverage**
Provides the same access and benefits for your entire household

**Consult Transcription**
Consults can be recorded and transcribed, allowing patients continuous access to information

### Sample Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Anxiety
- Depression
- Marital issues
- And More

### Virtual Behavioral Health

**Therapy and Counseling**
Access to licensed social workers and psychologists. The first 3 visits are $50 each, with subsequent visits available for $85.*

**Psychiatry**
Psychiatry and behavioral health medication management*

**Health Risk Assessment**
Behavioral Health-focused risk assessment

**Electronic Prescription Ordering**
Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup

**Full Family Coverage**
Provides the same access and benefits for your entire household

*Additional visits are subject to consult fees

# EliteCare
## RX BENEFITS BY PureRx

SHC Benefit Plans

## Effortless Prescription Fulfillment:

Experience a seamless prescription fulfillment process through PureRx. Access your medications with ease at our extensive network of 60,000+ retail pharmacies nationwide. We are committed to providing affordable and convenient medication fulfillment to support your overall well-being.

**This benefit is included on EliteCare Plus & EliteCare Complete Plans**

### Personalized Support for Your Prescription Journey

Our dedicated team of experts is here to cater to your unique prescription needs. From understanding your prescription benefits to optimizing your medication regimen, we strive to provide a seamless and positive Rx management experience. With PureRx, you can be confident that your health and well-being are our top priorities.

### Streamlined Prescription Processing

Simplify your prescription journey with PureRx. We are dedicated to streamlining the prescription processing and fulfillment process. Our aim is to minimize the time and effort required to obtain your medications, enabling you to focus on what truly matters – your health. With our close collaboration with pharmacies, we ensure prompt and efficient processing of your prescriptions.

### Prescription Co-pay:

Tier 1 - $15 | Tier 2 - $30 | Tier 3 - $50 | Tier 4 - $75

PRESCRIPTION ARE AVAILABLE FOR PICK UP AT OVER 60,000 PARTICIPATING PHARMACY LOCATIONS INCLUDING THESE NATIONAL PHARMACY CHAINS

- Albertsons
- Brookshires Pharmacy
- CVS Pharmacy
- Food Lion Pharmacy
- Genoa Healthcare
- Harps Pharmacy
- Homeland Pharmacy
- Knight Drugs
- Medicine Shoppe Pharmacy
- Publix Super Market
- Save-Mor
- Thrifty White Pharmacy
- Walgreens
- Bartell Drugs
- City Market
- Dillon Pharmacy
- Fred Meyer Pharmacy
- Giant Eagle Pharmacy
- Harveys Supermarket
- Hy-Vee
- Kroger Pharmacy
- Navarro Discount Pharmacy
- Rite Aid Pharmacy
- Shoprite Pharmacy
- Tom Thumb Pharmacy
- Walmart
- Bashas'
- Costco Pharmacy
- Duane Reade
- Fred's Pharmacy
- Giant Pharmacy
- H-E-B Grocery
- Ingles Markets Pharmacy
- Maxor Pharmacy
- Pick N Save Pharmacy
- Safeway Pharmacy
- Smith's Pharmacy
- U Save It
- Wegman Food Market
- Baylor Scott and White
- Cub Pharmacy
- Food City Pharmacy
- Fry's Food and Drug
- Hannaford Food and Drug
- Henry Ford Medical Center
- King Scoopers Pharmacy
- Medicap Pharmacy
- Pillpack
- Sam's Club Pharmacy
- Stop & Shop Pharmacy
- Vons Pharmacy
- Winn Dixie

SHC Benefit Plans

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

# EliteCare EXTENDEDCARE BY Mutual of Omaha

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

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

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

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

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

# EliteCare
## VISION BENEFITS BY VSP VISION

SHC Benefit Plans

### VSP: America's Largest Vision Insurance Provider

**38,000+ eye doctors**

**65+ years serving 80+ million members**

**With VSP, what you see is what you get - 20/20 peace of mind.**

- Full-service plans with annual eye exams covered after a copay.
- A wider range of coverage than most Medicare or discount plans offer.
- Keep your VSP doctor or find one in our nationwide network.
- Coverage at your eye doctor's office, a retail location, or online.
- Our 100% Satisfaction Guarantee lets you buy and use your plan with confidence.
- Low out-of-pocket costs.

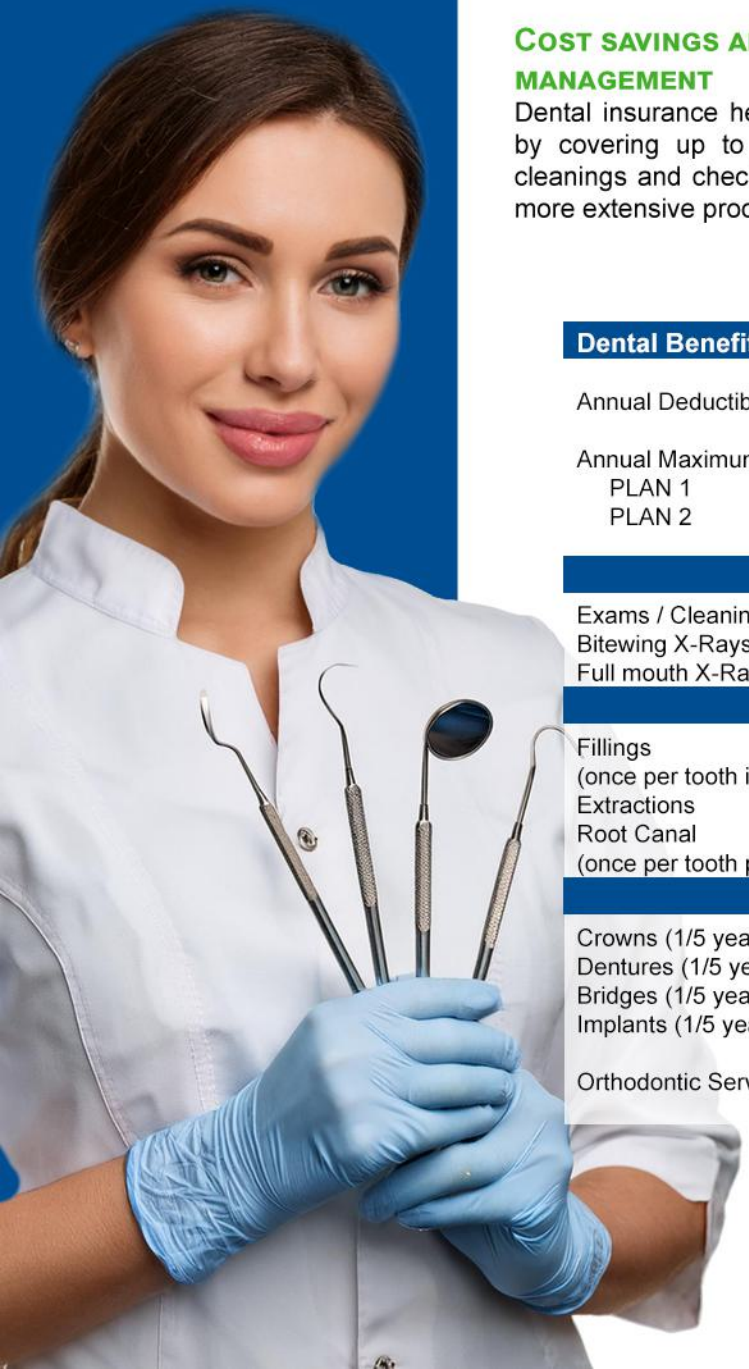
| Vision Benefits | In Network* | Out of Network |
|---|---|---|
| Comprehensive Eye Exam (once per 12 months) | $10 copay | $45 allowance |
| **Eyeglass Frames (once per 24 months)** | | |
| 1 pair eye glass frames | $130 allowance ($70 allowance at Walmart / Costo in network) | $70 allowance |
| **Eyeglass lenses (instead of contacts - once per 12 months)** | | |
| Single<br>Bifocal<br>Trifocal | $25 copay<br>$25 copay<br>$25 copay | $30 allowance<br>$50 allowance<br>$50 allowance |
| **Contact lenses (instead of glasses - once per 12 months)** | | |
| Contact fitting / evaluation<br>Elective disposal<br>Non-elective (medically necessary) | $60 copay<br>$130 allowance<br>Covered 100% after copay | applied to allowance<br>$105 allowance<br>$210 allowance |

* Discounts for additional products and services are available in network only. For example, 20% savings on any amount above the retail allowance for frames, and 15% off regular price, or 5% off the promotional price for LASIK.

SHC Benefit Plans

# EliteCare
## DENTAL BENEFITS BY DELTA DENTAL®

- 2 PLAN OPTIONS $1000 OR $1500 ANNUAL MAX PER INSURED
- NO WAITING PERIOD FOR DIAGNOSTIC/PREVENTIVE OR BASIC SERVICES
- SEE ANY DENTAL PROVIDER IN OR OUT OF NETWORK
- DEPENDENT COVERAGE



## THE VALUE OF DENTAL INSURANCE

Dental insurance makes dental care more affordable! With a focus on prevention, dental insurance typically covers professional services like routine check-ups, cleanings and exams at 100%. This helps reduce out-of-pocket costs, so you pay less for the dental care you need.

### IMPROVED OVERALL HEALTH
Research shows good oral health has a positive effect on overall health and well-being. During an oral exam, your dentist can detect signs of 120+ diseases just by examining your mouth!

### COST SAVINGS AND BUDGET MANAGEMENT
Dental insurance helps you save money by covering up to 100% of preventive cleanings and check-ups and portions of more extensive procedures.

### ENCOURAGE ROUTINE DENTAL CAREFOR LONG TERM BENEFITS
During preventive check-ups, your dentist is better able to detect problems early on and help you avoid more costly and complex procedures in the future.

### COVERAGE FOR THE UNEXPECTED
Oral health problems can appear unexpectedly. Dental insurance makes it easier and more cost-effective to get the care you need so you don't have to worry about the future.

| Dental Benefits | In Network | Out of Network |
|---|---|---|
| Annual Deductible | $50 individual / $150 family | $100 individual / $300 family |
| Annual Maximum Benefit | | |
| PLAN 1 | $1,000 Benefit per insured | $1,000 Benefit per insured |
| PLAN 2 | $1,500 Benefit per insured | $1,500 Benefit per insured |
| **Diagnostic & Preventive** | | |
| Exams / Cleanings (2/year)<br>Bitewing X-Rays (1/year)<br>Full mouth X-Rays (1/5 years) | Covered 100% (deductible waived) | Covered 80% (deductible waived) |
| **Basic Services** | | |
| Fillings<br>(once per tooth in 365 days)<br>Extractions<br>Root Canal<br>(once per tooth per lifetime) | Covered 80% after deductible is met | Covered 50% after deductible is met |
| **Major Services** | | |
| Crowns (1/5 years)<br>Dentures (1/5 years)<br>Bridges (1/5 years)<br>Implants (1/5 years) | Covered 50% after deductible is met | Covered 50% after deductible is met |
| Orthodontic Services | Not Covered | Not Covered |

# SmartHealth
## DENTAL+VISION PLAN

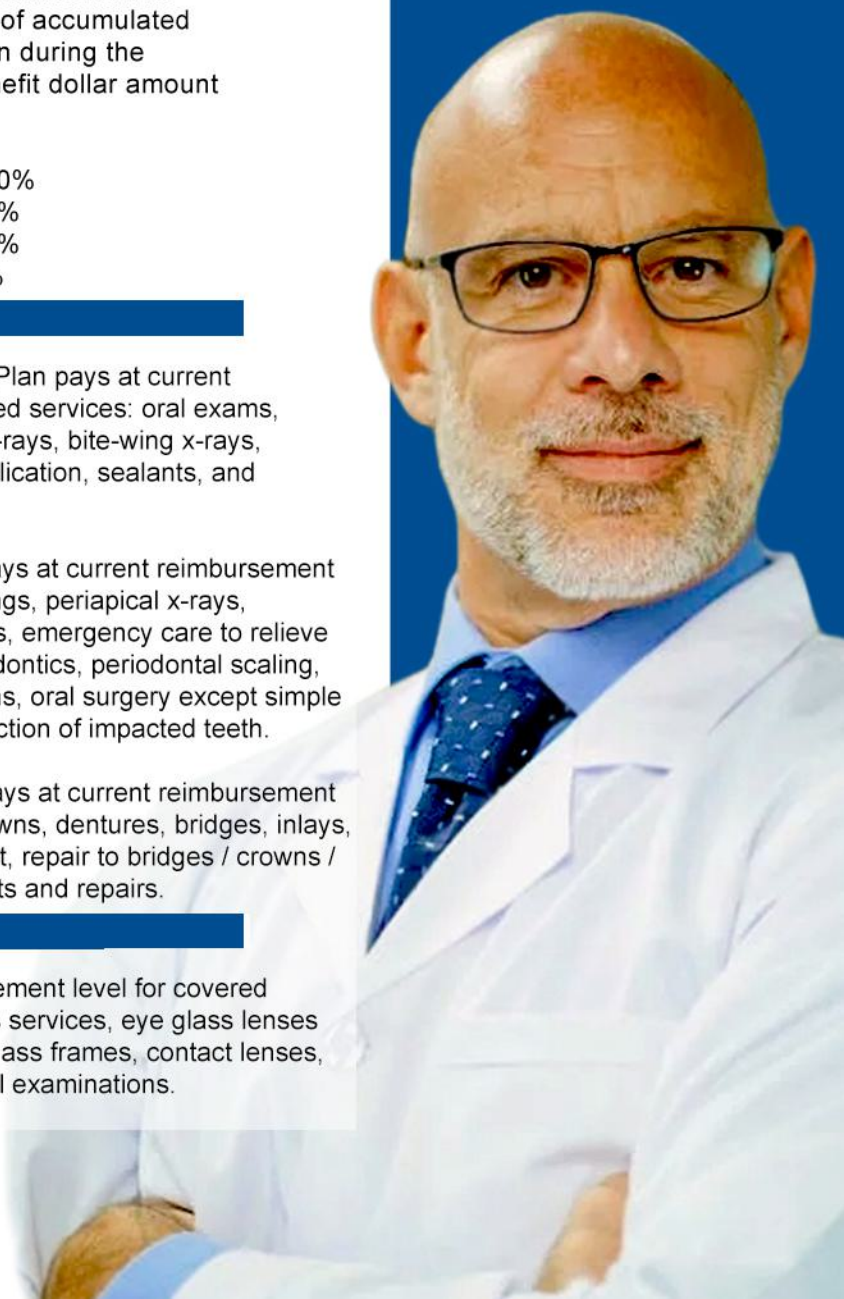
**The SmartHealth Dental+Vision benefit plan is a direct reimbursement combination plan that pays for dental and vision costs.**

### No Waiting Periods
Get full access to all of your benefits on day one of your effective date!

### No Network Requirements
Choose to see any dental or vision provider for any covered services!

### Direct Reimbursement
The plan pays your directly for all covered services received!

- No Waiting Period
- No Network Requirements
- $1000 max. benefit per insured
- Dependent Coverage



## PLAN COVERAGE DETAIL

| | |
|---|---|
| **NETWORK REQUIREMENT** | Not applicable. No network requirements for covered dental and vision services. |
| **MAXIMUM ANNUAL BENEFIT REIMBURSEMENT** | Benefits for dental and vision services are combined. The maximum annual benefit is based on an aggregate total of accumulated expenses per covered person during the calendar year. Maximum benefit dollar amount is $1000.00 per insured. |
| **REIMBURSEMENT SCHEDULE** | • Up to $150.00 100%<br>• $151.01 - $250.00 75%<br>• $250.01 - $1800.00 50%<br>• $1801.01 and up` 0% |

## COVERED DENTAL PROCEDURES

| | |
|---|---|
| **DENTAL CLASS 1** | Preventive & diagnostic care. Plan pays at current reimbursement level for covered services: oral exams, routine cleanings, full mouth x-rays, bite-wing x-rays, panoramic x-rays, fluoride application, sealants, and histological examinations. |
| **DENTAL CLASS 2** | Basic restorative care. Plan pays at current reimbursement level for covered services: fillings, periapical x-rays, anesthetics, space maintainers, emergency care to relieve pain, root canal therapy, endodontics, periodontal scaling, root planing, simple extractions, oral surgery except simple extractions, and surgical extraction of impacted teeth. |
| **DENTAL CLASS 2** | Major restorative care. Plan pays at current reimbursement level for covered services: crowns, dentures, bridges, inlays, onlays, prosthesis over implant, repair to bridges / crowns / inlays, and denture adjustments and repairs. |

## COVERED VISION SERVICES

| | |
|---|---|
| **VISION CARE** | Plan pays at current reimbursement level for covered services: routine examinations services, eye glass lenses (single, bifocal, trifocal), eye glass frames, contact lenses, lens sealants, and histological examinations. |

SHC Benefit Plans

## Eligibility Requirements

- Full legal name, date of birth, and biological sex (gender) is required for all enrollees.
- A valid SSN or TIN is required for all enrollees.
- Enrollment in benefit plans is available for primary enrollees and spouse dependents between the ages of 18-64 years old; and for child dependents up to the age of 25 years old. Married children under the age of 26 are not eligible to be enrolled as a child dependent.
- Additional eligibility requirements (i.e. medical questions / lifestyle questions) may be required by the specific underwriter or benefit provider for the purpose of determining eligibility and/or providing service.
- No enrollment is permitted for any persons residing in any foreign country, or US Territory.
  The Elitecare Complete Plan is not available in WA, HI, or AK.
- Enrollment is facilitated either through a group specific online enrollment portal; or by contacting an authorized licensed health insurance agent or SHC enrollment services for assisted enrollment using a dedicated online enrollment portal.
- Changes to benefit level after your effective date has past is only permitted for qualified events (marriage, birth, divorce, court order coverage, or death) or at the start of the next plan year, such requests must be made in writing by the primary account holder.
- All benefit plans are 1st of the month effective coverage only.
- The cut-off date for individual enrollment in order to have 1st of the month effective coverage is the 20th of the month prior to the desired effective date.

## Let's Get Started...

***We make getting enrolled simple and easy !***

- Self-Enroll through a strategic partner enrollment portal
- Enroll by contacting an authorized SHC licensed health insurance professional
- Enroll by contacting the SHC Enrollment Team to speak with a licensed benefits counselor : (689) 999 - 0001 (M-F 8a-6p CST)

# SHC Benefit Plans

# Monthly Rates*

### EliteCare Plus

| | |
|---|---|
| Member Only | $249 |
| Member+Spouse | $395 |
| Member+Child(ren) | $405 |
| Family | $455 |

### ExtendedCare High Plan

| | |
|---|---|
| Member Only | $92 |
| Member+Spouse | $129 |
| Member+Child(ren) | $129 |
| Family | $175 |

### ExtendedCare Low Plan

| | |
|---|---|
| Member Only | $74 |
| Member+Spouse | $96 |
| Member+Child(ren) | $96 |
| Family | $120 |

### DeltaDental 1500

| | |
|---|---|
| Member Only | $97 |
| Member+Spouse | $154 |
| Member+Child(ren) | $149 |
| Family | $210 |

### DeltaDental 1000

| | |
|---|---|
| Member Only | $89 |
| Member+Spouse | $142 |
| Member+Child(ren) | $139 |
| Family | $189 |

### VSP Vision

| | |
|---|---|
| Member Only | $44 |
| Member+Spouse | $59 |
| Member+Child(ren) | $59 |
| Family | $79 |

### SHC Dental+Vision Plan

| | |
|---|---|
| Member Only | $56 |
| Member+Spouse | $82 |
| Member+Child(ren) | $74 |
| Family | $104 |

### EliteCare Complete 1000

| | | |
|---|---|---|
| Member | Age 18-29 | $489 |
| Member+Spouse | Age 18-29 | $789 |
| Member+Child(ren) | Age 18-29 | $799 |
| Family | Age 18-29 | $1105 |
| Member | Age 30-49 | $519 |
| Member+Spouse | Age 30-49 | $829 |
| Member+Child(ren) | Age 30-49 | $839 |
| Family | Age 30-49 | $1125 |
| Member | Age 50-64 | $599 |
| Member+Spouse | Age 50-64 | $974 |
| Member+Child(ren) | Age 50-64 | $984 |
| Family | Age 50-64 | $1345 |

### EliteCare Complete 2500

| | | |
|---|---|---|
| Member | Age 18-29 | $435 |
| Member+Spouse | Age 18-29 | $685 |
| Member+Child(ren) | Age 18-29 | $695 |
| Family | Age 18-29 | $985 |
| Member | Age 30-49 | $455 |
| Member+Spouse | Age 30-49 | $725 |
| Member+Child(ren) | Age 30-49 | $735 |
| Family | Age 30-49 | $995 |
| Member | Age 50-64 | $545 |
| Member+Spouse | Age 50-64 | $865 |
| Member+Child(ren) | Age 50-64 | $875 |
| Family | Age 50-64 | $1165 |

### EliteCare Complete 5000

| | | |
|---|---|---|
| Member | Age 18-29 | $395 |
| Member+Spouse | Age 18-29 | $630 |
| Member+Child(ren) | Age 18-29 | $640 |
| Family | Age 18-29 | $870 |
| Member | Age 30-49 | $425 |
| Member+Spouse | Age 30-49 | $685 |
| Member+Child(ren) | Age 30-49 | $695 |
| Family | Age 30-49 | $925 |
| Member | Age 50-64 | $485 |
| Member+Spouse | Age 50-64 | $785 |
| Member+Child(ren) | Age 50-64 | $795 |
| Family | Age 50-64 | $1070 |

* Rates include all premiums, administrative fees, and comission fees.Displayed rates for EliteCare Complete are for non-tobacco users; tobacco users enrolled on this plan will incur an additional $50 monthly fees per plan. Rates do not include any appliable taxes or merchant processing fees. All rates are recurring monthly charges that will be billed billed in advance of the next coverage period on the 20th of each month. Monthly rates are due in full by the 1st day of the coverage period - no partial payments are accepted.

SHC Benefit Plans

## QUESTIONS & NOTES to discuss with your SHC Authorized Agent

SHC Benefit Plans

# DISCLOSURE / DISCLAIMER NOTICE

The benefits and plans featured in this brochure are not major medical insurance and are not intended to replace any major medical policy in force or to be a substitute for any individual who requires the necessary coverage provided by a major medical insurance plan. All benefits featured in this brochure are voluntary. The benefits featured in this brochure may be comprised of both insured and non-insurance benefits.

There is no guarantee, either implied or inferred, that any benefits featured in this brochure will meet all the healthcare needs of any enrollee without exception. It is solely the determination and decision of the enrollee as to the suitability of these benefit plans for their own personal health care needs and medical requirements.

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

The outpatient / wellness / preventive care benefit is underwritten by SBMA. The dental benefit is underwritten by Delta Dental. The vision benefit is underwritten by VSP. The Dental+Vision Plan is underwritten by Breckpoint Insurance. The telehealth and virtual mental health services are provided through Recuro; these are not insured health benefits. The prescription benefit is unwritten by ProCare PBM. The medical share plan is provided through Zion Health; this is not an insured health benefit. All benefits herein are subject to the terms, conditions, limitations, and exclusions as specified by the insurance underwriter or non-insurance benefit provider including but not limited to pre-existing conditions. Benefits may be subject to additional state regulations, limitations, and exclusions; or may not be available in some states. The unavailability of benefits due to state restrictions does not constitute a reduction in overall insurance premiums and fees due. The benefits and benefit providers contained herein may be subject to change without notice.

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

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

SHC Benefit plans

# EliteCare Plus
# EliteCare Complete

Outpatient Primary Care, Specialist, Urgent Care Visits
Annual Wellness & Preventive Care, 24/7 Virtual Care
Prescription, Labs, Imaging Benefits
Comprehensive Care - hospital, surgery, maternity


**Main Office:** 682-282-4467
**Benefits Counselors:** 689-999-0001
**Member Services:** 866-588-0073
**http://smarthealthcompany.com**