PREMIUM MV

Beni SOLUTIONS | POWERED BY SBMA

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

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

Notable Plan Exclusions
Abortion
Care related to or for the purpose of travel outside of the United States
Chemotherapy / Radiation Therapy
Cosmetic Surgery including cosmetic components of gender transition
Dental care or services related to the mouth, jaws, and teeth (oral surgery procedures, medical in nature)
Dialysis
Durable Medical Equipment / Prosthetics / Orthotics
Experimental / Investigational Treatments
Eye care and services related to vision care
Hospice Care and Skilled / Private Duty Nursing Care
Infertility Services / Family Planning
Nutritional Supplements / Vitamins (except as specified under preventive care)
Preferred Brand / Non-Preferred Brand / Specialty / Self-Injectable / GLP-1 Prescription Drugs
Transplant Services

This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Please refer to the plan administrator for additional plan information.

ACCESSING COVERAGE

HealthWallet

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

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

SCAN HERE

LOCATING A NETWORK PROVIDER

MultiPlan. PHCS Practitioner & Ancillary Only

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

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

PRESCRIPTION DRUG BENEFITS

PureRx

Present your medical ID card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be available on your ID card.

VIRTUAL HEALTH PROGRAM

RECURO HEALTH

Recuro Health's Virtual Urgent Care and Virtual Behavioral Health provide members with:

- 24/7 access to board-certified doctors for treatment of urgent medical concerns
- Virtual access to a Therapist or Licensed Counselor by appointment between 7 am – 7 pm

Access care via the HealthWallet mobile app or call 1-855-673-2876.