



Benefit Plan Design

Your employer is providing a benefit package that can help you get well and stay well.



Minimum Essential Coverage (MEC) covers preventive health services and health screenings for adults, women and children. Also includes:

Physician Visits & Diagnostic Testing

Prescription Drug Benefits

24/7 Telemedicine - Multilingual

Behavioral Health - Multilingual



Group Limited Indemnity (GLI) pays a fixed benefit amount for a set number of days per year.

Hospitalizations

Surgeries/Anesthesia

Emergency Room Visits

Outpatient Benefits



Eligibility • Member Cards • MEC Claims Adjudication
For information:
www.loomisco.com • 877-959-9952

Covered Services



PREVENTIVE/Wellness Benefits*

MEC benefits cover 100% of the cost of certain preventive health services, when delivered by a doctor or provider in your plan's network. Visit www.HealthCare.gov/center/regulations/prevention.html for benefits.

Teladoc - TELEMEDICINE 24/7 (Multilingual)²

Clever Health - BEHAVIORAL HEALTH SERVICES (Multilingual)²

PHCS - PPO NETWORK SERVICES²

Primary Care Physician Visits

Specialist Office Visits

Urgent Care

Diagnostic X-ray and Lab

CT Scan/MRI (outpatient only)

Citizens Rx - PRESCRIPTION BENEFITS²

Tier 1 - Low Cost

Tier 2 - Generics

Tier 3 - Preferred



LIMITED INDEMNITY BENEFITS

Hospital Indemnity Benefits

Hospital Confinement

For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)
Note: Maternity benefit is payable as any other illness for both mother and child

Hospital Intensive Care Unit

For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)

Hospital Admission

Lump sum benefit for a hospital admission, due to sickness or injury
Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU

Surgery/Anesthesia Benefits

Inpatient Surgery

For inpatient surgery in hospital due to sickness or injury

Outpatient Major Surgery

For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury

Outpatient Minor Surgery

For outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury

Anesthesia

For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)

Emergency Room Benefits

Emergency Room for Sickness

For treatment in an ER due to sickness

Emergency Room for Injury

For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)

Diagnostic & Other Benefits

Outpatient Major Diagnostic Testing

For major diagnostic testing, ordered by a physician

Skilled Nursing Care Facility

For confinement in a Skilled Nursing Care Facility within 14 days of a hospital confinement of at least 3 days

Additional Benefit Riders

Accident Benefit Rider

Urgent Care or Outpatient Surgical Center

Emergency Room

Hospital Confinement

Accident Expense Benefit Rider

Pays benefits for treatment and services incurred due to an accident; most benefits are payable per accident up to a fixed number of accidents per year.

Accidental Death & Dismemberment (AD&D) Rider

Pays a benefit up to a maximum amount for critical or fatal accidental injuries; benefit payable varies based on the loss incurred.

Critical Illness Rider

Pays a lump sum benefit upon diagnosis of 9 specified conditions: Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Coma, Paralysis, Severe Burns and Loss of Sight. Includes a 10% Additional Occurrence Benefit after a 12-month separation period.

MONTHLY PREMIUMS PAID BY EMPLOYEE

| | MEC BASIC | MEC PLUS ADVANTAGE & GLOBE LIFE GLI ¹ 1 | MEC PLUS ADVANTAGE & GLOBE LIFE GLI ¹ 2 | MEC PLUS ADVANTAGE & GLOBE LIFE GLI ¹ 3 | MEC PLUS ADVANTAGE & GLOBE LIFE GLI ¹ 4 |
|--------------------------|-----------|--|--|--|--|
| Employee only | \$ 55.00 | \$ 209.09 | \$ 230.03 | \$ 242.14 | \$ 299.45 |
| Employee & Spouse only | \$ 95.00 | \$ 324.09 | \$ 355.97 | \$ 366.38 | \$ 501.81 |
| Employee & Children only | \$ 95.00 | \$ 295.90 | \$ 319.40 | \$ 361.41 | \$ 438.68 |
| Family | \$ 135.00 | \$ 417.60 | \$ 462.04 | \$ 528.20 | \$ 647.74 |

PPY: Per Plan Year

* The Apex MEC plans are PPACA compliant; they are offered by Apex Management Group and administered by Loomis.Globe Life does not underwrite the MEC plans or the non-insurance benefits.

¹ GLI plans are not PPACA compliant and do not satisfy any PPACA penalties.

² Non-insurance benefits are included with Apex MEC plans.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and Rider forms: GBLI, GBLIC, GBLITLR, GBLIABR, GBLIADR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Benefits may vary by state. Pre-existing condition limitations may apply. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third party administrators.

Do you need health insurance as an Independent Contractor?

We might have a solution for you...

PLEASE READ FIRST

Before taking any steps to sign up for our benefit plan you need to:

1. Understand that this plan is not the most comprehensive plan out there. It is a MEC plan, in place to provide essential yet basic health benefits for you as a consultant working through TEEMA. It is not creditable in Massachusetts.
2. We do not have a paramedical plan in place – this is a basic health care plan that meets ACA requirements.
3. During TEEMA onboarding you will be asked if you wish to sign up, so it is extremely important you understand what you're accepting. If you opt-out, you can join the plan later on.
4. If your contract finishes or you leave TEEMA, you will need to **cancel** your benefits.
5. This medical plan is administered by **APEX** via carrier/provider **RCI**. The Dental plan is administered by Aetna Dental Access via RCI and the Vision plan is administered by VSP Vision via RCI.

ACTION:

If you haven't already, please read the '1099 Benefits Brochure 2024- 2025' found in your onboarding portal and **let us know if you want to opt in or out** of the benefit plan! If you want to opt in you need to email compliance@teemagroup.com to get signed up.

FAQ's:

1. **What is the Waiting Period?**
All plans have a 30 day waiting period. Your insurance will begin on the 1st of the month following 30 days of employment. For example, if you join us on June 10, your insurance will begin on August 1.
2. **Can I change my mind after I opt in?**
Yes, you can. If you change your mind about benefits, after you opt in you will be charged 1 month and we cannot reimburse this. All changes must be made before the **15th of the month**. Anything after this you will be billed for the following month. i.e if you want to cancel your benefits as of January 31st you must cancel by December 15th or you will be charged for January on December 25.
3. **How Do I Enrol?**
You must email compliance@teemagroup.com communicating that you would like to enrol in the benefit plan. Our compliance team will [send a link](#) to setting up an account in the Employer Navigator portal. This will be available a few days before your start date after you complete your onboarding paperwork. You will sign up for benefits via a 3rd party called Employer Navigator and provide your payment information to the 3rd party company 'APEX'. Please complete these as soon as possible if you are opting in. After opting in, please email us your confirmation email. This helps us resolve any communications further down the line. Please make your selection using the above Employee Navigator link, no later than your first day.
4. **How Do I know if I opted in?**
If you Opt in, TEEMA will confirm your selections and coverage start date via email before the coverage begins. **If you do not hear from TEEMA or see a credit card deduction within 30 days of your benefits start date you have NOT chosen benefits and must let us know** so we can sign you up. Please email compliance@teemagroup.com or call 778-401-7683. We cannot sign you up weeks down the line if we are not alerted within 30 days.
5. **How Do I Opt Out from My Benefits?**
We do not facilitate the cancellation, **even if your contract ends**, and you need to stop benefits please reach out to the Compliance team at compliance@teemagroup.com to cancel. We will guide you.
6. **Will My Benefits Continue if I Leave TEEMA?**
Your benefits will **NOT** continue when you leave TEEMA. The plan will end on the last day of the month following your last day.

****Send request for enrollment to compliance@teemagroup.com ****

7. When are Withdrawals Made?

Your first payment will be taken from the card provided when signing up, around the 25th of the month prior to the coverage starting. For example, if your benefits kick in on June 1, the first month's payment will be drafted around May 25. After that first payment is taken, 1 month in advance on the 20th of each month. For example: July 20 payment covers August, August 20 covers September, and so on. If you change your credit card, you must let us know or your plans will cancel.

8. When will I receive my ID cards?

Your benefits ID card will be **mailed to the address** provided on file by the 1st day your benefits begin. Usually within **10 days after signing up**. Let compliance know if not.

9. Can I choose Dental and Vision only?

Yes. Dental and Vision can be chosen without medical insurance. You can also choose to add just 1 dependent to a vision or dental plan and do not have to add the whole family.

10. Can I choose Globe Indemnity without a medical plan ?

No. GLOBE LIFE INDEMNITY **cannot be chosen** as an independent item without medical coverage.

11. Where can I find physicians that accept the plan?

You can find physicians here www.multiplan.com and follow the steps required in the website.

12. Who should I contact if I have questions about the plan?

Please contact RCI directly by phone at 833-602-0054.

PRICE LISTS

Medical Insurance

| MONTHLY RATES | MEC Basic | MEC PLUS ADVANTAGE & GLOBE LIFE 1 | MEC PLUS ADVANTAGE & GLOBE LIFE 2 | MEC PLUS ADVANTAGE & GLOBE LIFE 3 | MEC PLUS ADVANTAGE & GLOBE LIFE 4 |
|--------------------------|-----------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| EMPLOYEE ONLY | \$55.00 | \$209.09 | \$230.03 | \$242.14 | \$299.45 |
| EMPLOYEE & SPOUSE ONLY | \$95.00 | \$324.09 | \$355.97 | \$366.38 | \$501.81 |
| EMPLOYEE & CHILDREN ONLY | \$95.00 | \$295.90 | \$319.40 | \$361.41 | \$438.68 |
| FAMILY | \$135.00 | \$417.60 | \$462.04 | \$528.20 | \$647.74 |

Vision & Dental Insurance

| MONTHLY RATES | AETNA DENTAL PLAN | VSP VISION |
|--------------------------|-------------------|------------|
| EMPLOYEE ONLY | \$25.76 | \$8.09 |
| EMPLOYEE & SPOUSE ONLY | \$50.36 | \$12.95 |
| EMPLOYEE & CHILDREN ONLY | \$73.36 | \$13.22 |
| FAMILY | \$97.96 | \$21.32 |

****Send request for enrollment to compliance@teemagroup.com ****

Your Coverage Network

Your coverage includes the following benefits -
learn more about when and how to use them.



24/7 Multilingual Telemedicine
Free & Unlimited for member & family
teladoc.com • 800-835-2362

When to Use Telemedicine Services

Teladoc's board-certified physicians have expertise in primary care, pediatrics and family medicine. They can help right away with cold and flu symptoms, allergies, respiratory infections, skin problems and other non-emergency medical issues. Contact Teladoc from the comfort of your home.



Prescription Drug Benefits
National, local, on-line pharmacies available
citizensrx.com • 877-532-7912

To Find an In-Network Pharmacy or Buy Prescription Drugs Online

Citizens Rx is a full-service prescription benefit manager with a retail network of 67,000 pharmacies nationwide. Citizens Rx manages your pharmacy benefits, enabling you to receive discounts on your prescriptions.



Multilingual Behavioral Health
Free & Unlimited for member
cleverhealth.ai/apex

Connect with Behavioral Health Specialists via Mobile App

A better, more clever way to support mental wellness. Download the app today.



Healthcare Decision Assistance
Provides current, unbiased, and accurate
information from medical experts
medexpert.com
800-999-1999



Identity Theft Protection
Consumer ID Theft Program
northpointidtheft.com/apex
800-562-3918

To Use Your Free MEC Preventive Physician Office Visit

1. Locate a network provider using the instructions below.
2. Confirm that the provider is participating in the MEC program when you make your appointment.
3. **Request all preventive services you require when making the initial appointment.**
4. Present your ID card when you receive covered preventive services.
(Your provider will bill Loomis for the cost of your care.)

NOTE: MEC services are only free when delivered by a doctor or other provider in your plan's network. There are 3 sets of preventive services - for adults, women and children. Refer to your plan documents to confirm the MEC services you are eligible to receive. *(Globe Life does not underwrite the MEC plans or the non-insurance benefits.)*

Locating Your Network Provider

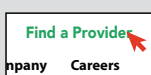


PHCS is a comprehensive network of more than 900,000 in-network providers around the U.S.

To find a provider visit: multiplan.com and follow the directions for your selected plan.

For the MEC Basic Plan

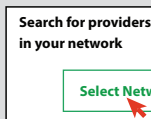
Click "**Find a Provider**" in the top right corner



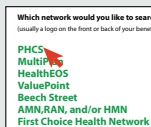
Click "**OK**" at the bottom right corner



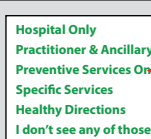
Click "**Select Network**"



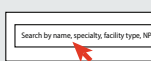
Click "**PHCS**" inside pop-up box



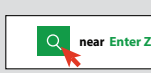
Click "**Preventive Services Only**" inside pop-up box



Enter type of provider (urgent care, primary care, etc...) in the search box

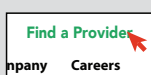


Enter zip code and click the search icon



For the MEC Plus Advantage with GLI Plans

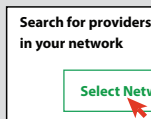
Click "**Find a Provider**" in the top right corner



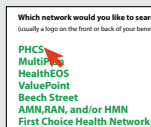
Click "**OK**" at the bottom right corner



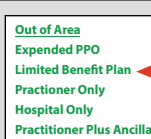
Click "**Select Network**"



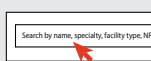
Click "**PHCS**" inside pop-up box



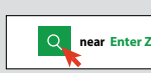
Click "**Limited Benefit Plan**" inside pop-up box



Enter type of provider (urgent care, primary care, etc...) in the search box



Enter zip code and click the search icon



One ID Card for All Benefits

Loomis will send your ID card to your home. Call the Customer Service number first with any questions. After you enroll, you may use the information on the ID card for help with eligibility, benefit and claim questions.

The image shows a sample ID card with a dashed border. It is divided into three main sections: Member, Medical Plan, and Pharmacy Plan. The Member section includes the name JOHN SAMPLE, ID SMPL0001, and Group # APX0001. The Medical Plan section lists the effective date as 01.01.2024, coverage as Family, and the plan as PHCS. The Pharmacy Plan section lists Rx BIN, PCN, and GRP, along with contact information for CitizensRx.

Apex-MEC

Member
Employee: **JOHN SAMPLE**
ID: **SMPL0001**
Group #: **APX0001**
JANE SAMPLE
JIMMY SAMPLE

Medical Plan
Effective: 01.01.2024
Coverage: Family
Plan:
PHCS
Limited Benefit Plan
Call (888) 371-7427 or visit multiplan.com to find a PHCS provider

Pharmacy Plan
Rx BIN: 015284
Rx PCN: CRX
Rx GRP: APX
CITIZENSrx
Pharmacy Helpdesk: (888) 316-6510
Members Call: (877) 532-7912
member.citizensrx.com

The image shows the right side of a sample ID card with a dashed border. It is divided into two main sections: Claim Submission and Eligibility. The Claim Submission section provides the Loomis Company address and contact information for Teladoc and Clever Health. The Eligibility section provides instructions on how to verify eligibility and benefits.

Claim Submission
The Loomis Company
PO Box 7011
Wyomissing, PA 19610-6011
EDI# 23223
TELADOC
For Telemedicine:
(800) 835-2362
teladoc.com
clever health
For Behavioral Health:
cleverhealth.ai/apex

Eligibility
For customer service or to verify eligibility and benefits, call (877) 959-9952, or visit our website at www.loomisco.com
This card does not guarantee eligibility or payment. Confirm eligibility and verify benefits prior to coverage.
The Loomis Company is the Benefits Administrator for this plan and does not underwrite or insure benefits.

Filing a Claim

When you go to a provider, present your ID card to show you have coverage. At that time, you can also assign benefits to the provider, authorizing them to submit the claim on your behalf.

NOTE: You should make sure all your claims are filed with BOTH plan administrators (see back of ID card).

For MEC Claims:

To receive the services included with the MEC plan, you must use a network provider who will file the claim.

For GLI Claims:

If you assign benefits to the provider:

- Provider submits the claim to the address on your ID card.
- Claim is processed and payment is sent to the provider.

If you do not assign benefits to the provider:

- You request an itemized bill from the provider.
- You submit the itemized bill to the address on your member card, or via email at GlobeClaims@LoomisLive.com (no claim form required).
- Claim is processed and payment is sent to you.
- You pay the provider.

Your MEC plan is PPACA Compliant

The list below summarizes some but not all services.
Please reference the US Preventive Services Task Force website for the entire list.
www.HealthCare.gov/center/regulations/prevention.html

Covered preventive services for all adults (ages 18 and older)

1. Abdominal aortic aneurysm one-time screening for men of specific ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults 45 to 75
7. Depression screening
8. Diabetes (Type 2) screening
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use)
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence
12. Hepatitis C screening for adults age 18 to 79 years
13. HIV screening for everyone age 15 to 65, at increased risk
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
15. 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, Tetanus
16. Lung cancer screening for adults 50 to 80 at high risk for lung cancer
17. Obesity screening and counseling
18. Sexually transmitted infection (STI) prevention counseling
19. Statin preventive medication for adults 40 to 75 at high risk
20. Syphilis screening for adults at higher risk
21. Tobacco use screening for all adults and cessation interventions for tobacco users

Covered preventive services for pregnant women or women who may become pregnant

1. Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
2. 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." Learn more about contraceptive coverage.
3. Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
4. Folic acid supplements for women who may become pregnant
5. Hepatitis B screening for pregnant women at their first prenatal visit
6. Maternal depression screening for mothers at well-baby visits
7. Preeclampsia prevention and screening for pregnant women with high blood pressure
8. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
9. Syphilis screening
10. Expanded tobacco intervention and counseling for pregnant tobacco users
11. Urinary tract or other infection screening

Other covered preventive services for women

1. Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
2. Breast cancer genetic test counseling (BRCA) for women at higher risk
3. Breast cancer mammography screenings
 - Every 2 years for women 50 and over
 - As recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
4. Breast cancer chemoprevention counseling for women at higher risk
5. Cervical cancer screening
 - Pap test (also called a Pap smear) for women age 21 to 65
6. Chlamydia infection screening for younger women and other women at higher risk
7. Domestic and interpersonal violence screening and counseling for all women
8. Gonorrhea screening for all women at higher risk
9. Urinary incontinence screening for women yearly
10. Well-woman visits to get recommended services for all women

Covered preventive services for children

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. 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
4. Bilirubin concentration screening
5. Blood pressure screening for children
6. Blood screening for newborns
7. Depression screening for adolescents beginning routinely at age 12
8. Developmental screening for children under age 3
9. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
10. Fluoride supplements for children without fluoride in their water source
11. Fluoride varnish for all infants and children as soon as teeth are present
12. Gonorrhea preventive medication for the eyes of all newborns
13. Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
14. Height, weight and body mass index (BMI) measurements taken regularly for all children
15. Hematocrit or hemoglobin screening for all children
16. Hemoglobinopathies or sickle cell screening for newborns
17. Hepatitis B screening for adolescents at higher risk
18. Hypothyroidism screening for newborns
19. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
20. Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, tetanus, and pertussis (DTaP), Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Inactivated Poliovirus, Influenza (flu shot), Measles, Meningococcal, Mumps, Pneumococcal, Rubella, Rotavirus
21. Lead screening for children at risk of exposure
22. Obesity screening and counseling
23. Oral health risk assessment for young children from 6 months to 6 years
24. Phenylketonuria (PKU) screening for newborns
25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
26. 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
27. Vision screening for all children
28. Well-baby and well-child visits

Free and Unlimited Telemedicine

Set Up a Teladoc Account



Getting Started
with Teladoc®



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at Teladoc.com, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into Teladoc.com and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for FREE



Teladoc.com



1-800-835-2362



[Facebook.com/Teladoc](https://www.facebook.com/Teladoc)



Teladoc.com/mobile

Download
the app:



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Mental health support happens here

easy as...

1

Download the clever health app by scanning the QR code below.

2

Enter your mobile phone number then create your clever story.

Select "clever connections", then "get care".

3

Complete the prompted onboarding screens. **Schedule** an appointment or **request** to connect immediately.

Common feelings:

- Feeling overwhelmed
- Need to vent
- Career challenges
- Feeling isolated
- Financial difficulties
- LGBTQIA+ community
- Parenting
- Fearing vulnerability

Why use clever connections?

Service is available 24/7
Connect one-on-one with a clever connector
Anonymous conversations
Discuss real-world challenges
Be connected to emergency resources immediately, if necessary
Access helpful resources and programs
Receive proactive check-ins



Confidential therapy on your terms

 cleverhealth.ai/apex

  Download the app

Consumer ID Theft Program



Providing protection for consumers digital life.

Every year millions of Americans fall victim to identity thieves. It's a real threat, and protection has become a necessity.

Program Overview

The program is deployed on an embedded basis and cannot be sold as an "opt-in". Enrolled consumers must reside in the United States in order to be eligible. Composite rate per household.

Identity Restoration

Recovering from identity theft on your own can be time consuming. Let us help make it less of a pain. Our dedicated, highly qualified, ID restoration specialists will work on your behalf to help you recover from ID theft.

Lost Wallet Assistance

Losing your wallet is a headache. We make it a less painful ordeal by helping you cancel and reissue your credit and ID cards and up to 15 different forms of identification.

Up to \$1M Identity Theft Insurance

This Consumer ID Theft Program provides up to \$1 million in coverage for certain out-of-pocket expenses related to the theft of your personal information.

Stolen Funds (Cash Recovery) Replacement

Lost funds due to identity theft can be difficult to replace. As part of your Consumer ID Theft Program, it provides coverage terms up to \$100,000 in cash recovery for unauthorized electronic funds transfer from a credit/debit card, checking or money market account established for personal use.

Credit Monitoring Powered by Experian®

You'll have access to a suite of tools powered by Experian® to alert you to suspicious activity involving identity fraud. These tools include access to your Experian® Credit Report, Experian® VantageScore®, Credit Monitoring and Alerts and Dark Web Monitoring.

About NorthPoint / Experian®

The program is deployed in collaboration with Experian®, one of the world's largest & most respected consumer services companies. NorthPoint, a majority veteran owned entity, is entirely focused on delivering unique cyber insurance products through its proprietary platforms.

For additional information, please call 800-562-3918 or visit: <https://northpointidtheft.com/apex/>

The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Review the Summary of Benefits.



Powered by  experian.



MedExpert



New Services Available

MedExpert provides you access to current, accurate, & unbiased information from professionals recognized as experts in their field. There's no cost to you.

When to call MedExpert

- Assistance locating a primary care provider
- Questions & assistance surrounding preventative screening
- Coordinating and scheduling lab work

MedExpert assists your healthcare team

MedExpert uses information published around the world daily to answer your questions & support your healthcare needs.

With one toll-free call, you can be connected with a MedExpert doctor. We can help you learn about the latest available treatments, research and help coordinate all services that can improve the quality of your life.

To contact MedExpert please call **1-800-999-1999 • 7am to 7pm PST, M-F**

Who is MedExpert?

MedExpert is a U.S. company that uses on-staff doctors to help answer your health care questions. This program is completely confidential and is being offered at no additional cost to you. MedExpert DOES NOT replace your doctor—it is a program that lets you take your health care a step further. We encourage you to discuss your MedExpert call and any information you received with your doctor.

What can MedExpert do for me?

MedExpert uses research and individuals who are recognized as experts in their field to answer your medical questions over the phone. Examples of questions you might ask are: *Is this treatment right for me?* and *Can I take these drugs together?*

MedExpert can also help you:

- Identify how the best in the world would treat your medical condition
- Explain your treatment options and test results
- Understand what your medications are doing and review warnings about taking multiple medications
- Expedite your physician wait lists
- Transfer your medical records
- Consider whether a surgery is medically necessary
- Explain your medical bill
- Identify and connect you with support groups and other community programs that may enrich your life
- Coordinate your physicians

Will I speak to a live person? Where are they located?

Yes, when you call MedExpert, your call will be answered by a Medical Information Coordinator. Based on the nature of your call, you will have the opportunity to speak with a MedExpert doctor. All MedExpert personnel are located in the United States, mostly in California.

What communication can I expect from MedExpert?

In cooperation with your Apex MEC Plan, you may receive communication about the program. MedExpert may also make occasional phone calls to help you get started with the program. MedExpert strives to provide excellent, fast followup to your questions. You will get courteous, professional help when you call. If you do not want to be contacted by MedExpert, you can let them know by calling their toll-free phone number.

Dental Summary

Proposed Effective Date: 6/1/2024

| | | Plan 1 |
|-------------------------------|--------|--|
| Plan Benefit | Type 1 | 100% |
| | Type 2 | 70% |
| | Type 3 | 50% |
| Deductible | | \$50 Lifetime Type 2,3 Waived Type 1 |
| Maximum (per person) | | No Family Maximum \$1,000/Calendar Year |
| PPO | | Passive PPO |
| Allowance | Type 1 | 90th U&C |
| | Type 2 | 90th U&C |
| | Type 3 | 90th U&C |
| Waiting Period | | None |
| Annual Open Enrollment | | Included |

Orthodontia Summary

| | |
|---|---------|
| Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C. | |
| Plan Benefit | 50% |
| Coverage for Adults | No |
| Lifetime Maximum (per person) | \$1,500 |
| Waiting Period | None |

MONTHLY RATES

| | |
|----------------------|---------|
| Employee (EE) | \$25.76 |
| EE + Spouse | \$50.36 |
| EE + Children | \$73.36 |
| EE + Family | \$97.96 |

Plan 1

100/70/50
\$50 Lifetime Type 2,3
Waived Type 1
No Family Maximum
\$1,000

Plan Design Summary

Type 1

Procedure
(Frequency)

- Routine Exam
(2 per benefit period)
- Bitewing X-rays
(1 per benefit period)
- Full Mouth/Panoramic X-rays
(1 in 5 years)
- Periapical X-rays
- Cleaning
(2 per benefit period)
- Fluoride for Children 18 and under
(1 per benefit period)
- Sealants (age 13 and under)
- Space Maintainers

Type 2

Procedure
(Frequency)

- Fillings for Cavities
- Restorative Composites
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Denture Repair
- Simple Extractions
- Complex Extractions
- Anesthesia

Type 3

Procedure
(Frequency)

- Onlays
- Crowns
(1 in 5 years per tooth)
- Crown Repair
- Prosthodontics (fixed bridge; removable complete/partial dentures)
(1 in 5 years)

Ameritas Dental Network

- The Ameritas Dental Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which helps benefit dollars go further.
- Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can even visit dental providers in Mexico and still receive coverage.

Flex 6 - Flat Maximum

- Lets plan members pay for their dental plan with pretax dollars.
- Allows groups with low participation to enroll in a dental plan with guaranteed coinsurance, deductible and maximums.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Individual Dental and Vision Benefits

Without contributing any of the member's monthly premium, you can offer Ameritas individual dental and vision insurance plans to retiring employees and those not eligible for group benefits. Ask your broker or Ameritas sales representative for more details.

Lifetime Deductible

A deductible is the amount you pay for a service before benefits are applied. With a lifetime deductible, you pay the deductible amount only one time for as long as you are covered by the plan, instead of each year or each visit. It is a per-person deductible with no family maximum.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 6/1/2024

| | Plan 1: EyeChoice: Focus® VSP | |
|--------------------------|------------------------------------|--------------------------|
| | VSP Choice Network + Affiliates | Out of Network |
| Annual Eye Exam | Covered in full | Up to \$45 |
| Lenses (per pair) | | |
| Single Vision | Covered in full | Up to \$30 |
| Bifocal | Covered in full | Up to \$50 |
| Trifocal | Covered in full | Up to \$65 |
| Lenticular | Covered in full | Up to \$100 |
| Progressive | See lens options | NA |
| Frame Allowance | \$130** | Up to \$70 |
| Frequencies | | |
| Exam/Lens/Frames | 12/12/24 | 12/12/24 |
| | Based on date of service | Based on date of service |

**The Costco and Walmart allowance will be the wholesale equivalent.

Deductible, Maximum

| | | |
|---------------------------------------|--|---|
| Deductibles | \$10 Exam \$25 Eye Glass Lenses or Frames* | \$10 Exam \$25 Eye Glass Lenses or Frames |
| Maximum per benefit period | None | None |

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

| | | |
|--------------------------------------|------------------------|-------------|
| Fit & Follow Up Exams | Member cost up to \$60 | No benefit |
| Contacts | | |
| Elective | Up to \$130 | Up to \$105 |
| Medically Necessary | Covered in full | Up to \$210 |

MONTHLY RATES

| | |
|----------------------|---------|
| Employee (EE) | \$8.09 |
| EE + Spouse | \$12.95 |
| EE + Children | \$13.22 |
| EE + Family | \$21.32 |

Lens Options (member cost)*

| | Plan 1: EyeChoice: Focus® VSP | |
|----------------------------------|--|--------------------------------|
| | VSP Choice Network + Affiliates (Other than Costco) | Out of Network |
| Progressive Lenses | Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance. |
| Standard | NA | NA |
| Premium | | |
| Tier 1 | NA | NA |
| Tier 2 | NA | NA |
| Tier 3 | NA | NA |
| Tier 4 | NA | NA |
| Std. Polycarbonate | Covered in full for dependent children \$33 adults | No benefit |
| Scratch Resistant Coating | \$17-\$33 | No benefit |
| Anti-Reflective Coating | \$43-\$85 | No benefit |
| Standard | NA | NA |
| Premium | | |
| Tier 1 | NA | NA |
| Tier 2 | NA | NA |
| Tier 3 | NA | NA |
| Ultraviolet Coating | \$16 | No benefit |
| LASIK or PRK | NA | NA |

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Focus® Choice Network Features (In Network)

| | |
|--------------------------------------|---|
| Contact Lenses Elective | Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance. |
| Lens Options (Member Cost)* | \$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen. |
| Additional Glasses | 20% off additional complete pairs of prescription glasses and/or prescription sunglasses.* |
| Frame Discount | VSP offers 20% off any amount above the retail allowance.* |
| Laser VisionCareSM | VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure. |
| Low Vision | With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years). |

Based on applicable laws, reduced costs may vary by doctor location.

Ameritas Focus® Eye Care

VSP Network

VSP has the largest network of independent doctors nationwide. Retailers include Costco Optical, Sam's Club, Visionworks and Walmart. See the network providers in your area at vsp.com.

Online In-Network Options

Eyeconic.com is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.

VSP Benefits are Easy to Use

- Members create an account at vsp.com to review their vision benefits.
- At their appointment, members tell the office they have VSP coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing a VSP network provider.

VSP savings

VSP provider discounts include 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options.

Discounts also are available on LASIK or PRK laser vision correction procedures.

Based on applicable laws, reduced costs may vary by doctor location.