



Guranteed Issue Plans  
No Medical Questions to Qualify  
Does Not Interfere With Other Coverages

# United Health & Welfare Benefit Guide

Presented by

**EVOLVE ASSOCIATION**

WELCOME TO YOUR

# SUPPLEMENTAL & MEDICAL BENEFITS GUIDE



To ensure you and your family have access to quality health coverage solutions, your benefit plan has chosen made available through the **Breckpoint** platform.

Custom-designed around the unique health and wellness needs of its members, your new benefits plan provides a variety of valuable coverage options.

You can choose to enroll in the plan or to decline coverage. To help you consider your options and make the best-informed decision, this guide provides an overview your benefit. A Summary of Benefits Coverage (SBC) can be found at **evoleassociation.com**.

Visit the Breckpoint Benefit Coverage Tool at [breckpoint.com/benefits-bct.php](http://breckpoint.com/benefits-bct.php) to be informed of what services are covered and the copay if applicable, according to your plan.





# LIMITED-BENEFIT PLAN

Limited-Benefit plans are medical plans with more restricted benefits than major medical insurance, but with lower premiums.



## DO I USE THIS PLAN LIKE ANY INSURANCE?

Yes! You'll have a Member ID card that you'll use the same way you would with other plans. See the helpful tips below.



## WHAT IS OPEN ACCESS?

Breckpoint will not deny claims based on network participation. We will consider all claims for payment according to your plan specification. Your provider must agree to bill Breckpoint directly for services rendered.



## MAKING AN APPOINTMENT

### HAVE YOUR ID CARD READY!

It's important that you give your provider current insurance information. Your ID card will provide all the needed information required by a provider! Don't have one? Contact Member Services to receive a copy directly: 1-844-657-1575. (Mon-Fri 7am-4pm PST)

### WHAT DO I SAY TO MY PROVIDER?

"I have a limited benefit plan with "Open Access". Breckpoint is my plan administrator, please contact them to verify my coverage at 1-844-657-1575."

## ALL YOUR HELPFUL CONTACTS ARE LISTED ON THE BACK OF YOUR ID CARD.

### MEMBER SERVICES:

Call this number if you have questions about your plan or need an ID card. Providers can call this number to verify your coverage before an appointment.

### PROVIDER LOCATOR ASSISTANCE:

Call this number if you need help finding a new provider; they can give you a personal directory.

### PHARMACY HELPLINE:

You or your pharmacist can call this number and connect directly to your RX Discount program for assistance with your prescription needs. They can help you secure the best available discount.

# COVERED SERVICES FOR ALL MEDICAL PLANS

## Preventative Health Services

*No deductible or co-pay paid at 100% of eligible benefits.*

### FOR ADULTS

- + Abdominal Aortic Aneurysm One-Time Screening (Men 65-75 who have ever smoked)
- + Aspirin Use to Prevent Cardiovascular Disease
- + Blood Pressure Screening
- + Cholesterol Screening (Adults of certain ages or at a higher risk)
- + Colorectal Cancer Screening (Adults over 45-75)
- + Depression Screening
- + Diabetes (Type 2) Screening
- + Fall Prevention Intervention (Adults over 65 at a higher risk)
- + Healthy Diet Counseling Hepatitis
- + B Screening
- + Hepatitis C Screening
- + HIV Pre-Exposure Medication
- + HIV Screening
- + Immunization Vaccines
- + Lung Cancer Screening (Adults 50-80)
- + Obesity Screening and Counseling
- + Sexually Transmitted Infections Counseling
- + Skin Cancer Behavioral Counseling (Adults up to 24 years)
- + Statin Preventative Medication (Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors)
- + Syphilis screening
- + Tobacco Use Screening and Counseling
- + Tuberculosis Screening
- + Unhealthy Alcohol & Drug Use Screening and Counseling
- + Vitamin D Supplementation
- + COVID-19 Testing (Swab Only) (One per plan year per member)

### FOR WOMEN

- + Bacteriuria Screening (Pregnant women)
- + Breast Cancer Chemoprevention Counseling
- + Breast Cancer Genetic Test Counseling (BRCA)
- + Breast Cancer Mammography Screenings (Once a year for women over 40. Complex imaging not covered)
- + Breast Cancer Preventative Medication
- + Breastfeeding Support and Counseling
- + Cervical Cancer Screening (Adults 21-65)
- + Chlamydia Infection Screening
- + Contraception (Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling)
- + Domestic Violence Screening and Counseling
- + Folic Acid Supplements
- + Screening for Diabetes in Pregnancy (Women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes)
- + Screening for Diabetes in Pregnancy
- + Gonorrhea Screening
- + Hepatitis B Screening
- + HIV Screening
- + Immunization Vaccines
- + Osteoporosis Screening (Woman 65 year and older and postmenopausal women younger than 65 years at increased risk of osteoporosis)
- + Perinatal Depression Screening
- + Preeclampsia Screening & Preventative Medication
- + Rh Incompatibility Screening
- + Syphilis screening
- + Tobacco Use Counseling
- + Vitamin D Supplementation

### FOR CHILDREN

- + Major Depressive Disorder (MDD) Screening (Adolescents age 12-18)
- + Fluoride Chemoprevention Supplements (Infants & children up to age 5 years)
- + Gonorrhea Prophylactic Medication (Newborns)
- + Hemoglobinopathies or Sickle Cell Screening (Newborns)
- + HIV Screening
- + Hypothyroidism Screening (Newborns)
- + Immunization Vaccines
- + Obesity Screening and Counseling
- + Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum (Newborns)
- + Phenylketonuria (PKU) Screening
- + Prevention Skin Cancer Behavioral Counseling
- + Sexually Transmitted Infections
- + Tobacco Use Interventions
- + Visual Acuity Screening (Children ages 3 to 5 years)

Please note this is not an exhaustive list of covered preventive services. For the most current, complete list please visit <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>

### ACA COVERED MEDICATIONS

95 common medications included at no cost! Medications such as:

- + Aspirin
- + Bowel Preparation
- + Breast Cancer Prevention
- + Contraceptives
- + Fluoride Supplements
- + Folic Acid
- + Statins
- + Tobacco Cessation
- + Vitamin Supplements
- + See the full list at [breckpointrx.com](http://breckpointrx.com)



# BENEFIT SPECIFICATION

Plan Features		Network Care
Referral Requirement		Not required
Primary Care Physician Selection		Not required
Deductible (per plan year)		\$0 Individual \$0 Family
Member Coinsurance (applies to all expenses unless otherwise stated)		0%
Medical Out-of-Pocket (OOP Maximum) (per plan year, includes deductible)		\$400 Individual \$800 Family
Pharmacy Out-of-Pocket (OOP Maximum) All covered expenses accumulate separately toward the network and out-of-network OOP limit. Pharmacy co-payment expenses apply towards the OOP limit. Only those OOP expenses resulting from the application of coinsurance percentage, deductibles, and co-pays may be used to satisfy the OOP maximum. Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.		\$5,000 Individual \$10,000 Family
Payment for Out-of-Network Care		
Physician Services		Network Care
Physician and Office Utilizations Limit of 8 utilizations** combined with non-specialists, specialists, and urgent care.		
Virtual Urgent Care Powered by Health Wallet		Included
Office Visits to Non-Specialist Limit of 8 utilizations** combined with non-specialists, specialists, and urgent care.		\$25 co-payment
Specialist Visits Includes services of an internist, general physician, family practitioner or pediatrician for diagnosis and treatment of an illness or injury.		\$35 co-payment
Emergency Medical Care		Network Care
Urgent Care Provider Limit of 8 utilizations** combined with non-specialists, specialists, and urgent care.		\$50 co-payment
Pharmacy – Prescription Drug and Discount Benefits		Access & Discounts Available
Powered by Shield PBM		
Retail (Up to a 30-day supply)		
Preventative Drugs		Included
Generic Drugs		Discounts Available
Preferred Brand Drugs		Discounts Available
Non-Preferred Brand Drugs		Discounts Available
Specialty Drugs (Up to a 30-day supply) Includes self-injectable, infused and oral specialty drugs, excludes insulin.		International & prescription assistance options - call customer care for additional information
Mail Order Delivery (for your refills for up to a 31-90 day supply)		
Generic Drugs		Discounts Available
Preferred Brand Drugs		Discounts Available
Non-Preferred Brand Drugs		Discounts Available



# BENEFIT SPECIFICATION *Continued*

Preventive Coverage	Network Care
Preventive care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.	
<b>Routine Adult Physical Exams and Immunizations</b> Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included
<b>Well Child Exams and Immunizations</b> Limited to 1 exam every 12 months. Immunizations will be subject to age and developmentally appropriate frequency limitations determined by ACIP.	Included
<b>Routine Gynecological Exams</b> Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included
<b>Routine Mammograms</b> For covered females age 40 and over. Limited to 1 exam every 12 months. Complex imaging not covered.	Included
<b>Women's Health</b> Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.	Included
<b>Colorectal Cancer Screening</b> For all members age 45 and over. Limited to 1 exam every 12 months.	Included
<b>Routine Eye Exams (Refraction)</b> For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.	Included
<b>Voluntary Sterilization - Tubal Ligation</b> Covered as a preventive care service in accordance with Health Care Reform.	Included
<b>COVID-19 Testing</b> Swab only. Limited to 1 exam every 12 months.	Included

To view full list of limitations & exclusions please view online at [evolveassociation.com/limitations-exclusions](https://evolveassociation.com/limitations-exclusions)

While this information is believed to be accurate as of the print date, it is subject to change. To receive full and up to date policy descriptions, please visit [breackpoint.linked.exchange](https://breackpoint.linked.exchange) to log into our member portal. "Utilization is the use of service by persons for the purpose of preventing and curing health problems, visits a person makes per year, the number of prescription drugs taken, or the number of testing a person receives by a provider.

**Pharmacy Plan includes:** Contraceptive drugs and devices obtainable from a pharmacy. Formulary generic FDA-approved women's contraceptives covered 100% in network. Not all drugs are covered.

**What's Not Covered:** This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; cosmetic surgery, including breast reduction; custodial care; dental care and x-rays; donor egg retrieval; experimental and investigational procedures; hearing aids; immunizations for travel or work; infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; nonmedically necessary services or supplies; orthotics;

over-the-counter medications and supplies; reversal of sterilization; services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions. nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.

# HOSPITAL INDEMNITY PLAN

Hospital Indemnity supplemental benefit provides additional coverage for admission and confinement in a hospital facility. Hospital Indemnity will pay a flat benefit as shown in the schedule upon an in-patient stay for a covered injury or sickness. Benefits are paid directly to the primary member and can be used however they choose.

Any loss not stated in the benefit information provision is not covered. Any doctor or hospital can be used but services must be received in the United States or its territories. Both individual and family coverages are available and no medical exam or underwriting is

required. Dependent children are covered from birth to 26 years old. Spouse includes common law marriage partner, domestic partner or civil union partner if legally recognized in the governing jurisdiction. No deductibles or coinsurance apply to this benefit.

If another employer sponsored hospital indemnity plan was in place prior to this effective date, then pre-existing conditions and waiting period restrictions may be reduced in proportion to the previous policy. This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.

## Hospital Summary

Hospital / ICU Admission Benefit Amount	\$2,000 per admission to a max of 1 admission per year per member, max of 3 admissions per year per covered family
Hospital / ICU Confinement Benefit Amount	\$200 per day to a max of 30 days per year per member
Treatments Covered	Sickness and injury
Treatment of Pregnancy	Hospital admission and confinement not payable for pregnancy within first 9 months of coverage
Pre-Existing Conditions Period	12 Months
Benefit Eligibility for Pre-Existing Conditions	12 Months after effective date
Benefit Termination Age	On the date the member turns 70
Benefit Coverage Amount	100% of Benefit Amount up to age 65 50% of Benefit Amount ages 65-70

To view full list of limitations & exclusions please view online at [evolveassociation.com/limitations-exclusions](http://evolveassociation.com/limitations-exclusions)

# EVOLVE PERKS SAVINGS

AVERAGE  
**\$133.00\***  
 PER MONTH



## YOUR HEALTH PLANS AFTER APPLYING EVOLVE PERKS SAVINGS

Member	\$266.00
Evolve Savings	- \$133.00
<b>Net Cost</b>	<b>\$133.00</b>

Member	Member	Member	Family
\$266.00	Spouse	Child	\$505.00
	\$422.00	\$374.00	

Providing peace of mind through affordable care is our top priority. We believe it's a valuable and straightforward decision for your family to be protected when unexpected medical needs or life expenditures arise.

## PLAN HIGHLIGHTS

- Covers preventive and wellness services at no cost including: Annual Wellness Exam, Immunizations, and STI Screenings.
- This plan has an Open Network provided by AZA Assistance USA. Choose your own provider without the limitations of network Restrictions.
- Affordable doctor visits & Urgent Care co-pays.
- Enhanced Rx Program featuring deeply discounted medications. (Powered by Shield PBM, see additional plan features)
- Acute Drug Formulary includes 37 medications. (Powered by Shield PBM, see additional plan features)
- Included 24/7 Virtual Urgent Care. (Powered by Health Wallet, see additional plan features)



# ENHANCED RX PRESCRIPTION MEMBERSHIP

with Acute Drug Formulary

## THE EASIEST WAY TO SAVE ON YOUR MEDICATIONS

Enhanced Rx provides access to a full PBM discount network and additional access to savings online and through concierge service. Discount can also be used at the local pharmacy and include 95 ACA medications and 37 commonly prescribed medications included at no cost!

Visit [Breckpointrx.com](https://breckpointrx.com) to get started!



### 1. PAY BEFORE YOU GO

Save up to 25% more BEFORE going to the pharmacy by pre-paying at [breckpointrx.com](https://breckpointrx.com).



### 2. MAIL ORDER

Secure home delivery options online with up to 50% savings and enjoy auto-refill.



### 3. PRESENT YOUR RX CARD

At any retail pharmacy and out of pocket cost is deeply discounted.

## NO COST ACUTE DRUG FORMULARY COVERS DRUGS LIKE

- Amoxicillin
- Atrovastatin
- Azithromycin (Z-pack)
- Bupropion
- Cholecalciferol
- Ciprofloxacin
- Hydrocortisone
- Junel
- Lovastatin
- Meclizine
- Naproxen
- Nonoxynol
- Prednisone
- Tamoxifen
- Tessalon
- Viorele
- and much more!



# DIRECT VIRTUAL URGENT CARE

Sickness doesn't sleep. Get the care you need, when you need it, at no cost to you! With on-demand exams from HealthWallet, you, your spouse, and children can be treated 24/7 for routine health issues like:

- Cold, flu, sore throats, sinus infections
- Allergies, itchy eyes, pink eye
- Nausea, vomiting, diarrhea
- UTIs, abdominal pain
- Skin infections, rashes
- Travel Medications
- Short-term prescription refills
- General advice and consultation

Our medical team includes MDs, DOs, NPs & PAs (US-licensed, board-certified medical providers) who average over 16 years of experience. They can give you a personalized treatment plan and send prescriptions right to your pharmacy.

## GET MEDICAL CARE DAY OR NIGHT

# 1

### DOWNLOAD THE APP

Scan the QR code or visit [gethealthwallet.com](https://gethealthwallet.com) and download the HealthWallet App to your mobile device.



# 2

### REGISTER

Open the app and register by selecting "Member ID". Enter your Member ID and Date of Birth (DOB).



# 3

### ACCESS AND SCHEDULE APPOINTMENTS

After registering, log in to access your health services and schedule an appointment through the app.





# MENTAL HEALTH TELETHERAPY

## FEEL LIKE YOURSELF AGAIN

Employees have free access to online therapy service with HealthWallet. You can schedule up to 5 live 50-minute video or phone sessions per month, from wherever you're most comfortable.

*(Services offered for anyone 18+)*

## WHAT WE TREAT

- Addiction
- Anxiety
- Depression
- Divorce
- Eating Disorders
- Grief/Loss
- Mood Swings
- Panic Attacks
- Relationships
- And more!

## SPEAK TO A THERAPIST FOR FREE

# 1

### DOWNLOAD THE APP

Scan the QR code or visit [gethealthwallet.com](https://gethealthwallet.com) and download the HealthWallet App to your mobile device.



# 2

### REGISTER

Open the app and register by selecting "Member ID". Enter your Member ID and Date of Birth (DOB).



# 3

### ACCESS AND SCHEDULE APPOINTMENTS

After registering, log in to access your health services and schedule an appointment through the app.



# EVOLVE BUNDLE BENEFITS

## EVOVLE Bundle Plan Includes

- + Guarantee Issued Plans
- + NO Medical Questions to Qualify
- + Includes HeathCare Advocacy Program
- + Pays cash directly to you
- + Does not interfere with any other coverage

### Accident Plan benefits include:

- Provides a total \$10k of Accident Plan Benefits to be used for charged medical expense due to
- Pays an initial visit benefit of up to \$150 for Urgent Care or Primary Care visits and \$500 for ER visits.

### Critical Illness Plan benefits include:

- Pays a lump sum benefit of \$20k upon the diagnosis of Heart Attack, Stroke, End Stage Renal Failure, and Cancer
- Pays a reoccurrence benefit of 50% up to 2x per category
- Includes a \$50 Wellness Benefit per Employee and Spouse



# ACCIDENT PLAN

The Accident supplemental benefit pays up to the scheduled maximum amount, after the deductible, for medical charges resulting from a covered accident. The scheduled benefits apply to each accident per person covered, not to exceed the Maximum Amount Per Accident. The maximum amount applies to each accident (regardless of plan year) subject to the Plan Year Maximum. Reimbursements may reflect actual expenses up to the benefit amount indicated in the schedule. Benefits are paid directly to the primary member and can be used however they choose.

The plan pays the following benefits for a loss if, while this coverage is in force, a covered person sustains an injury as a result of an off the job accident. The injury must be diagnosed by a physician and the services described in the benefit information must be provided or received by the covered person within 7 days of the covered accident, and all subsequent treatments must be incurred within 12 months of the covered Accident. Any loss not stated in the benefit information provision is not covered. The plan does not pay for reinjury or complications of an injury caused or contributed

to by a condition that existed before the accident. Any doctor or hospital can be used but services must be received in the United States or its territories. Both individual and family coverages are available and no medical exam or underwriting is required. Dependent children are covered from birth to 26 years old. Spouse includes common law marriage partner, domestic partner or civil union partner if legally recognized in the governing jurisdiction. This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.

	\$10,000
Scope of Coverage	Off the Job
Maximum Amount Per Accident	\$10,000
Plan Year Maximum	\$10,000
Deductible Per Accident	\$100
Initial Treatment Period	7 Days
Benefit Period	12 Months

Treatment Services or Supplies Incurred for	Maximum Amount
INITIAL VISIT- 1 of the following:	
1. Primary Care for initial treatment; limited to 1x per covered individual per accident	\$150
2. Urgent Care for initial treatment; limited to 1x per covered individual per accident	\$150
3. Hospital Emergency care expense for initial treatment only; limited to 1x per covered individual per accident	\$500
Hospital Room & Board, and general nursing care, up to the semi-private room rate	\$10,000
Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies	\$10,000
Doctor's Fees for Surgery	\$10,000
Anesthesia Services	\$10,000
Physician follow up visits, inpatient and outpatient; limited to 2x per covered individual per accident	\$75
Ambulance Expense	\$250
X-ray, Imaging and Laboratory diagnostics	\$250
Durable Medical Equipment	\$100
Prescription Drugs	\$500
Dental Treatment for Injured Teeth	\$250 per tooth up to a maximum of \$500
Physical, Occupational, or Speech Therapy; limited to 10x per covered individual per accident	\$60 for first visit; \$30 for each visit thereafter
Broken Bone and Dislocation (based on actual expense in addition to emergency room, physical therapy, imaging, ambulance, Physician visits and follow-ups)	\$1,000

To view full list of limitations & exclusions please view online at [evolveassociation.com/limitations-exclusions](http://evolveassociation.com/limitations-exclusions)



# CRITICAL ILLNESS PLAN

Critical Illness supplemental benefit provides additional coverage for medical emergencies like heart attack, stroke, invasive cancer or ESRD. Critical Illness will pay a lump sum benefit as shown in the schedule upon the first diagnosis of a covered condition for each incident (including reoccurrence). Benefits are paid directly to the primary member and can be used however they choose.

Any loss not stated in the benefit information provision is not covered. Any doctor or hospital can be used but services must be received in the United States or its territories. Each critical illness must be diagnosed by a physician qualified to make such diagnosis. Claims for benefits not satisfying all the criteria for diagnosis may be subject to review by an independent physician

consultant. Both individual and family coverages are available and no medical exam or underwriting is required. Dependent children are covered from birth to 26 years old. Spouse includes common law marriage partner, domestic partner or civil union partner if legally recognized in the governing jurisdiction. No deductibles or coinsurance apply to this benefit.

If another employer sponsored critical illness plan was in place prior to this effective date, then pre-existing conditions and waiting period restrictions may be reduced in proportion to the previous policy. This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.

## PLAN DETAILS

Maximum Basic Benefit Amount	\$20,000
Waiting Period	30 Days (applies to Invasive Cancer Only)
Pre-Existing Conditions Period	12 Months
Benefit Eligibility for Pre-Existing Conditions	12 Months After Effective Date
Benefit Termination Age	On the date the member turns age 70
Benefit Coverage Amount	100% of Benefit Amount up to age 65, 50% of Benefit Amount ages 65-70
Covered Spouse	100% of Benefit Amount
Covered Child(ren)	50% of Benefit Amount

## WELLNESS AND PREVENTATIVE CARE

Wellness Benefit	\$50 once per year per employee and per spouse
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## SCHEDULE OF SPECIFIED DISEASE BENEFIT

Heart Attack	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal Failure	100%
Carcinoma in Situ	25%

## RECURRENCE OF SPECIFIED DISEASE BENEFIT

Recurrence Benefits (limit 2)	50% of the initial schedule
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To view full list of limitations & exclusions please view online at [evolveassociation.com/limitations-exclusions](http://evolveassociation.com/limitations-exclusions)

# HEALTHCARE ADVOCACY

## BENEFITS WITHOUT ADDED COST

Included with Accident, Critical Illness, Hospital Indemnity, Supplemental & Medical Bundles

MONEY

PRICING PORTAL

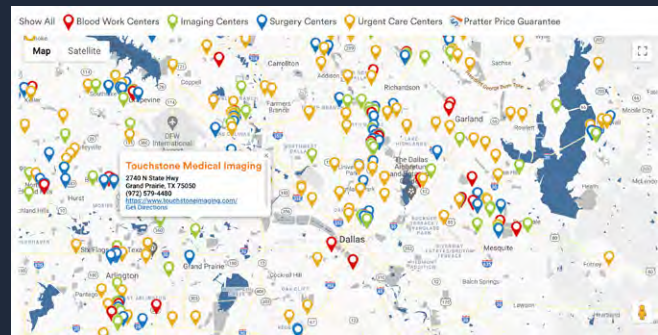
HOSPITAL BILL

## MONEY MAP

### WHERE TO GO

Money Map helps members save 40-70% per outpatient care item when they use quality, lower-cost, custom network Money Map providers for routine outpatient care.

Tap the Map® technology makes it easy for the team at CareGuide Advocates to locate lower cost providers for members in just seconds. Google maps and markers display nearby lower-cost, in-network care providers anywhere in the U.S. by zip code or GPS.



## HOSPITAL BILL ERASER

### WHAT WE DO

We help members receive discounted care at local non-profit hospitals. Our service does more than save money. It puts an end to hospital harassment over unpaid bills members just can't afford to pay.

### HOW?

Over 3,300 hospitals operate as non-profit hospitals under IRS tax code 501(r). Under this tax code, non-profit hospitals are required to offer financial assistance to qualifying individuals who reside within the hospital's service area. Assistance is offered in one of three ways:

**CHARITABLE CARE (free care):** Generally, applies to individuals with household income at or below 200% of Federal Poverty Level (FPL) guidelines.

**DISCOUNTED CARE:** Generally, individuals with household income between 201-400% of FPL may qualify for care on a sliding scale discount, e.g. 80%, 70%, etc., depending on income level.

**CATASTROPHIC/HARDSHIP CARE:** This type of assistance is offered to individuals whose total hospital bill equals or exceeds a certain percentage of household income, e.g., 15% or 25%.

## PRICING PORTAL

### WHAT TO PAY

Prices are no longer a secret and surprise bills can be a thing of the past. Advocates armed with the Pricing Portal help you navigate hundreds of thousands of data points nationwide that can empower well informed healthcare decisions.

CPT Codes/Descriptions Up to 5 at a time	National Medicare Price Tags			National Center Price Tags			Target Cash Price Medicare at 25%		
	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee
27120 Total hip arthroplasty, joint r...	\$14752.00	\$14752.00	\$1415.00	\$2722.00	\$22123.00	\$2795.00	\$17792.40	\$17792.40	\$1098.00
29849 Coronal tunnel release, endo...	\$1260.00	\$1283.00	\$536.00	\$2965.00	\$2372.00	\$1116.00	\$1512.00	\$1539.60	\$636.00
71088 Chest x-ray, two views	\$52.00	\$51.00	\$11.00	\$179.00	\$164.00	\$62.00	\$62.40	\$61.20	\$13.20
80053 Complete Metabolic Panel (...)	\$12.00	\$12.00	N/A	\$83.00	\$29.00	N/A	\$14.40	\$14.40	N/A
93306 Echocardiogram	\$437.00	\$434.00	\$76.00	\$1133.00	\$874.00	\$140.00	\$524.40	\$520.80	\$91.20

## HOW TO ACCESS YOUR BENEFITS

Help is a phone call away: for the best guidance and access to this benefit, call the employee champions CareGuide Advocates at 888.221.1140. All active participants will receive an email from CareGuide Advocates with instructions on how to utilize their specific benefit via the advocacy team or e-access.

# DENTAL + VISION REIMBURSEMENT PLAN

Dental+Vision is a direct reimbursement combination plan that pays for dental and vision expenses. With no waiting period, the tiered reimbursement structure begins at the first dollar and allows you to maximize your potential benefits. Choose to go to any dentist or vision specialist and receive any medically necessary procedure.

## BENEFIT INFORMATION

Network	: Not applicable
Max Benefit Reimbursement	: \$1,000
Waiting Period	: No waiting period

PROCEDURE COST	REIMBURSEMENT
UP TO \$150.00	100%
\$151.01 - \$250.00	75%
\$251.01 - \$1,800.00	50%
\$1,801.01 - up	0%

Benefits for Dental and Vision are combined.

\*Benefit is based on an aggregate total of accumulated expenses per Covered Person during the calendar year.

## DENTAL BENEFITS

## PLAN PAYS

### Dental Class I - Preventive & Diagnostic Care

- Oral Exams
- Routine Cleanings
- Full Mouth X-rays
- Bitewing X-Ray
- Panoramic X-ray
- Fluoride Application
- Sealants
- Histopathologic Exams

At Current  
Reimbursement Level

### Dental Class II - Basic Restorative Care

- Fillings
- Periapical X-rays
- Anesthetics
- Space Maintainers
- Emergency Care to Relieve Pain
- Root Canal Therapy/Endodontics
- Periodontal Scaling and Root Planing
- Oral Surgery – Simple Extractions
- Oral Surgery – all except simple Extractions
- Surgical Extractions of Impacted Teeth

At Current  
Reimbursement Level

### Dental Class III - Major Restorative Care

- Crowns
- Dentures
- Bridges
- Inlays/Onlays
- Prosthesis Over Implant
- Repairs to Bridges, Crowns and Inlays
- Denture Adjustments and Repairs

At Current  
Reimbursement Level

### Dental Class IV-Orthodontia (dependents under 19)

\$500 Lifetime Maximum  
of Covered Charges

## VISION BENEFITS

## PLAN PAYS

### Dental Class I - Preventive & Diagnostic Care

- Routine Examination Services
- Lenses – including, single, bifocal or trifocal
- Contact Lens
- Frames

At Current  
Reimbursement Level

# DENTAL + VISION REIMBURSEMENT PLAN SPECIFICATIONS

Dental Procedure	Limitations
Exams	Two per calendar year
Fluoride	1 per calendar year for people under 20
x-Rays (routine)	Bitewings: 2 per calendar year
Crowns & Inlays	Replacement every 5 years
Dentures & Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Prosthesis Over Implant	1 per 60 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges
Space Maintainers	Limited to non-orthodontic treatment
Prophylaxi (cleanings)	Two per calendar year

Vision Procedure	Limitations
Complete Eye Exam	One per calendar year
Frame-type Lenses	Frame-type Lenses

Dental Procedure	Limitations
Sealants	One treatment per tooth every three years up to age 14
X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months
Bridges	Replacement every 5 years
Surgeries (ALL)	Limited to removal of teeth, preparation of the mouth for dentures and removal of tooth-generated cysts.
Adjustments	Covered if more than 6 months after installation
Repairs - Dentures	Reviewed if more than once
Missing Tooth Limitation	Teeth missing prior to coverage under the Dental Plan are not covered. Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Vision Procedure	Limitations
Frames	One frame every two calendar years.
Contact Lens	One per calendar year

## Dental + Vision Benefit Exclusions:

- Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- Services that are deemed to be medical services.
- Services and supplies received from a hospital.
- Charges which the person is not legally required to pay.
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service.
- Experimental or investigational procedures and treatments.
- Any injury resulting from, or in the course of, any employment for wage or profit.
- Any sickness covered under any workers' compensation or similar law.
- Charges in excess of the reasonable and customary allowances.
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

## Dental Specific Benefit Exclusions:

- Services performed primarily for cosmetic reasons.
- Replacement of a lost or stolen appliance.
- Replacement of a bridge or denture within five years following the date of its original installation.
- Replacement of a bridge or denture which can be made useable according to accepted dental standards.
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion.
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars.
- Bite registrations; precision or semi-precision attachments; splinting.
- Instruction for plaque control, oral hygiene and diet.
- Dental services that do not meet common dental standards.
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents)

## Vision Specific Benefit Exclusions:

- Artificial eyes, if medically necessary, are covered under the Medical Plan.
- Charges for orthoptics (eye muscle exercises) vision training or surgical treatment of the eye.
- Charges for Radial keratotomy or other eye surgery for improvement of visual acuity or refractive disorders. Also, routine eye examinations, including refractions, lenses for the eyes and exams for their fitting.

This benefit summary highlights some of the benefits available under Plan Document and Summary Plan Description.

# PROTECTION PACK



## DIGITAL GUARD COMPLETE

- Aura DigitalGuard protects employees from identity theft, financial fraud, and other types of online crime.
- A dedicated Case Manager is available 24/7/365 to resolve any issues if they arise.
- Provides near-real time fraud alerts and prevents criminal damages from fraud.
- Keeps their online accounts, passwords, and identity secure.
- Secures their internet connection and devices.
- Offers personalized support and \$5M in ID theft insurance.
- Available for individual protection or for families.



### FINANCIAL WELLNESS

Powered by AskAFS

- Financial Wellness guides employees through the major financial changes they'll face throughout life.
- Accredited or Certified Financial Counselors are accessible by phone to assess issues, discuss options, and help employees determine the best course of action for their situation.
- The Online Financial Resource Center provides a variety vetted articles, videos, worksheets, checklists, and more.



### LEGAL SERVICES

Powered by Legal Club of America

- Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support.
- Providing access to discounted and free legal services ensures employees get the help they need at a faster rate and lower cost.
- Free Services included one-on-one consultations, attorney-made phone calls, help with legal documents, representation in small claims court, and much more.



### PET CARE SAVINGS

Powered by Pet Assure

- Employees save 25% on in-house medical services at participating veterinarians.
- Employees save 25% off most purchases from PetCareRx.com.
- 24/7 Lost Pet Recovery Service, with pet tags for each enrolled pet.
- Pet owners enjoy 35% off Pin Paws membership with GPS-enabled lost pet notification system.
- Search for a vet provider in your area here.



# AURA DIGITALGUARD COMPLETE

Powered by AURA



## Make the Internet a Safer Place with Identity, Finance, and Device Protection

Around 15 million  
Americans have  
their identity stolen  
every year

+ An employee who is trying to manage their identity theft issue alone is likely to be overwhelmed by stress, unable to focus at work, and take more time off work

The average ID  
theft incident can  
take 100 hours or  
more to resolve

+ Help reduce the severity of fraud and provide expert services to repair stolen identities, keeping employees safe and productive

At Least 20% of  
employees spend more  
than five hours per week  
at work thinking about  
their stressors

+ Employees can easily access the benefit through the My Benefits Work mobile app and [MyBenefitsWork.com](https://www.mybenefitswork.com)

### How Aura DigitalGuard Works

- Protects employees from identity theft, financial fraud, and other types of online crime
- A dedicated Case Manager is available 24/7/365 to resolve any issues if they arise
- Provides near-real time fraud alerts and prevents criminal damages from fraud
- Keeps their online accounts, passwords, and identity secure
- Secures their internet connection and devices
- Offers personalized support and \$1M in ID theft insurance\*
- Available for individual protection or families\*\*

\*Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. or Assurant. 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.

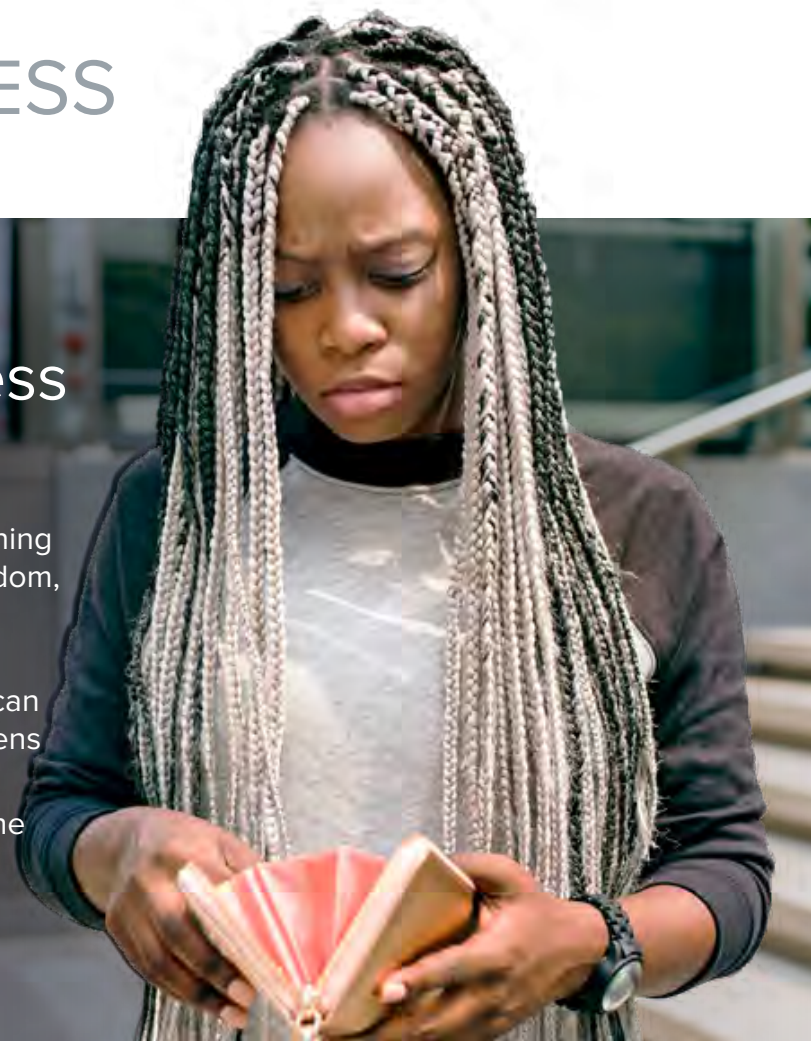
\*\*Limited to 10 additional accounts for adults

# FINANCIAL WELLNESS

Powered by AskAFS

## Reduce Employee Stress with Financial Advice

- Financial wellness has been defined as anything between financial security and financial freedom, including being debt free or having enough savings to handle unexpected expenses
- Easy access to expert guidance and advice can help employees manage their financial burdens and improve their productivity
- Employees can access the benefit through the My Benefits Work mobile app and [MyBenefitsWorks.com](https://www.MyBenefitsWorks.com)



One in three employees admit to being less productive at work due to financial stress

Personal finance is the number one source of stress among all demographics

Employers lose half a billion dollars a year financial stress

## How Financial Wellness Works

- Financial Wellness guides employees through the major financial changes they'll face throughout life, from paying for college to buying a home to navigating the loss of a spouse
- Accredited or Certified Financial Counselors are accessible by phone to assess issues, discuss options, and help employees determine the best course of action for their situation
- The Online Financial Resource Center does the heavy lifting for research, providing a variety of vetted articles, videos, worksheets, checklists, and more to guide the employee's financial wellness journey

Financial Wellness does not provide investment, legal, or tax advice.

# LEGAL SERVICES

Powered by Legal Club of America

## Reduce Employee Stress with Free and Discounted Legal Services



- + Providing access to discounted legal services ensures employees get the help they need at a faster rate and a lower cost
- + Quick, affordable access to legal assistance helps reduce employee stress boost productivity, and improve morale
- + Employees can access the benefit through the My Benefits Work mobile app and [MyBenefitsWork.com](https://www.MyBenefitsWork.com)

7 in 10 households  
face a legal issue  
every year

Employees without a  
lawyer are three times  
more likely to use work  
time to handle their  
legal problem

71% of employees  
facing legal issues are  
stressed about not  
knowing where to turn

### How Legal Services Work

- Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support
- Free services\* include one-on-one consultations, attorney-made phone calls, help with legal documents, assistance with welfare and INS, representation in small claims court, and a Simple and Living Will
- Attorneys only charge \$125 an hour or 40% off their hourly rate, whichever is greater
- Members receive 10% off all contingency-based cases
- Members are referred to plan attorneys based on location, language, and area of law

\*In certain situations, attorney liability may require plan attorneys to ask for a retainer prior to providing some of the free legal services.



# PET CARE

Powered by Pet Assure



+ Employees can keep their pets happy and healthy with discounts on veterinary services, prescription medications and foods, toys, treats, and more

+ The comfort of a pet positively impacts mental wellness, so pet care can help employees be happier, healthier, and more productive at work

+ Employees can access the benefit through the My Benefits Work mobile app and [MyBenefitsWork.com](https://www.mybenefitswork.com)

Employees save 25% on veterinary services and prescriptions

68% of American households have at least one pet

Spending on pets exceeds \$72 billion per year

## How Pet Care Works

- Employees save 25% on all in-house medical services at participating veterinarians
- Employees take 25% off most purchases from PetCareRx.com, including prescriptions, preventatives, toys, and supplies
- 24/7 Lost Pet Recovery Service, with pet tags for each enrolled pet
- Pet owners enjoy 35% off Pin Paws membership with GPS-enabled lost pet notification system
- Search for a vet provider in your area here.