

ENROLL NOW! Time is limited

You are eligible for benefits under your employer's open enrollment effective January 1st or the first of the month following 60 days from your date of hire.

For additional information or to enroll in benefits, contact your BaronHR representative or visit <https://sbmabenefits.com/baronhr>

MEDICAL COVERAGE

Basic MEC: Covers all preventive services 100% and includes prescription discounts

MEC Plus: Covers all preventive services 100%, office visits, urgent care, labs, x-rays, and generic prescription drugs offered at various copays.

Anthem Bronze PPO 6300: This Minimum Value PPO plan has a \$6,300 individual deductible in which most services are subject to the deductible before the plan begins to pay. Costs of Minimum Value plans are subject to affordability as mandated by the Affordable Care Act (ACA). Employees will not pay greater than 9.83% of their pay toward employee only coverage.

ANCILLARY COVERAGE

Anthem Dental: Coverage includes diagnostic and preventative services at 100%, basic and restorative services at 80% and major services at 50%. Note: there is no coverage for orthodontia.

Anthem Vision: Covers comprehensive eye exams at a \$10 copay, frame allowances, lenses at a \$25 copay or contact lenses at an allowance or 100% depending on medical necessity.

Medical Benefits	Basic MEC
Preventive / Wellness	Covered 100%
Rx Discount Program	Included

¹The Basic MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.

²Rx program offers discounts up to 80% on all FDA-approved prescription medications.

Highlights of Your Plan:

21 preventive services for adults

24 additional services for women

31 services for children

Affordable
Coverage

Preventive
Services
covered
100%

Rx Discount
Program

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call 1.888.794.7427

Online: visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner and follow the steps below

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button
2. When selecting your network, choose "PHCS," then "Preventive Services Only"
3. Enter one of the search criteria suggested in the search box to begin your search
4. If your browser settings don't allow your location to be detected, enter a zip code

Save up to **80%** on all FDA-approved prescription medications at the largest pharmacy chains in the United States. Simply provide your ID card at the pharmacy and save.

- No claim forms
- No deductibles
- No limitations or maximums
- No preexisting condition exclusions



www.singlecare.com/sbma | 1.866.978.0843

Covered Medical Benefits	MEC Plus
Annual Deductible	\$0
Out-of-Pocket Maximum (for covered services)	\$1,850 Individual / \$3,700 family
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services	\$50 Copay
X-Rays	\$50 Copay
Generic Prescription Drugs	\$15 Copay

¹The MEC Plus plan excludes out-of-network services and covers ONLY the medical services listed above and on the covered services page.

**Preventive
Services
covered 100%**

**All other
Services
covered at a
copay**

**Additional
pharmacy
discounts
through
SmithRx**

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Online: visit www.multiplan.com and click "Find a Provider" located in the top right-hand corner and follow the steps below

1. After acknowledging you have read the disclaimer at the bottom of the screen, click on the green "Select Network" button
2. When selecting your network, choose "PHCS," then "Specific Services"
3. Enter one of the search criteria suggested in the search box to begin your search
4. If your browser settings don't allow your location to be detected, enter a zip code

Using Your Prescription Drug Card at Retail Pharmacies

Smi+hRx

Present your medical card with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at www.mysmithrx.com. For additional support, call 1.844.454.5201

Covered Services for Adults

1. Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
2. Alcohol Misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease for men and women of certain ages
4. Blood Pressure screening for all adults
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal Cancer screening for adults over 50
7. Depression screening for adults
8. Diabetes (Type 2) screening for adults with high blood pressure
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over
11. Hepatitis B screening for people at higher risk
12. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 -1965
13. HIV screening for everyone ages 15 to 65, and other ages at increased risk
14. Immunization vaccines for adults – doses, recommended ages, and recommended populations vary: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papilloma virus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis and Varicella
15. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
16. Obesity screening and counseling for all adults
17. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
18. Statin preventive medication for adults 40 to 75 years at higher risk
19. Syphilis screening for all adults at higher risk
20. Tobacco use screening for all adults and cessation interventions for tobacco users
21. Tuberculosis screening for certain adults with symptoms at higher risk

Covered Services for Women

1. Anemia screening on a routine basis for pregnant women
2. Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer (counseling only; not testing)
3. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
4. Breast Cancer chemoprevention counseling for women at higher risk
5. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
6. Cervical Cancer screening
7. Chlamydia Infection screening for younger women and other women at higher risk
8. Contraception: 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."
9. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
10. Domestic and interpersonal violence screening and counseling for all women
11. Folic Acid supplements for women who may become pregnant
12. Gestational diabetes screening for women 24 to 28 months pregnant and those at high risk of developing gestational diabetes
13. Gonorrhea screening for all women at higher risk
14. Hepatitis B screening for pregnant women at their first prenatal visit
15. HIV screening and counseling for sexually active women
16. Human Papilloma virus (HPV) DNA Test every 5 years for women with normal cytology results who are 30 or older
17. Osteoporosis screening for women over age 60 depending on risk factors

Covered Services for Women (continued)

18. Preeclampsia prevention and screening for pregnant women and follow-up testing for women at higher risk
19. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
20. Sexually Transmitted Infections counseling for sexually active women
21. Syphilis screening for all pregnant women or other women at increased risk
22. Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users
23. Urinary tract or other infection screening, including urinary incontinence
24. Well-woman visits to get recommended services for women under 65

Covered Services for Children

1. Alcohol and Drug Use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Bilirubin concentration screening for newborns
5. Blood Pressure screening for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
6. Blood screening for newborns
7. Cervical Dysplasia screening for sexually active females
8. Depression screening for adolescents
9. Developmental screening for children under age 3
10. Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
11. Fluoride Chemo prevention supplements for children without fluoride in their water source
12. Fluoride varnish for all infants and children as soon teeth are present
13. Gonorrhea preventive medication for the eyes of all newborns
14. Hearing screening for all newborns; and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years
15. Height, Weight and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
16. Hematocrit or hemoglobin screening for all children
17. Hemoglobinopathies or sickle cell screening for newborns
18. Hepatitis B screening for adolescents ages 11 to 17 years at high risk
19. HIV screening for adolescents at higher risk
20. Hypothyroidism screening for newborns
21. Immunization vaccines for children from birth to age 18 –doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus and Varicella
22. Iron supplements for children ages 6 to 12 months at risk for anemia
23. Lead screening for children at risk of exposure
24. Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
25. Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. Obesity screening and counseling
27. Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
28. Phenylketonuria (PKU) screening for this genetic disorder in newborns
29. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
30. Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
31. Vision screening for all children.

Dental Benefits	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Benefit Maximum	\$1,500 per insured person	\$500 per insured person
Diagnostic & Preventive		
Oral Exams / Cleanings (2 per year) X-Rays (1 per year depending on age)	Covered 100% (deductible waived)	Covered 70% (subject to deductible)
Basic Services		
Fillings (once per tooth every 24 months) Extractions Root Canal (once per tooth per lifetime) Scaling & Root Planing	Covered 80%	Covered 50%
Major Services		
Crowns (once per tooth every 7 years) Dentures (once every 7 years) Bridges (once every 7 years)	Covered 50%	Covered 20%
Dental Implants / Orthodontic Services	Not Covered	Not Covered

**Exams &
Cleanings
covered 100%
in network**

**No
waiting
periods!**

**See any
dentist
in or out of
network**

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/ca or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	Up to \$49 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance then 20% off remaining balance	Up to \$50 allowance	Once every 24 months
Eyeglass Lenses (instead of contacts)			
Single	\$25 copay	Up to \$35 allowance	Once every 12 months
Bifocal	\$25 copay	Up to \$49 allowance	Once every 12 months
Trifocal	\$25 copay	Up to \$74 allowance	Once every 12 months
Contact Lenses (instead of glasses)			
Elective conventional	\$130 allowance then 15% off any remaining balance	Up to \$92 allowance	Once every 12 months
Elective disposable	\$130 allowance	Up to \$92 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100%	Up to \$250 allowance	Once every 12 months

To locate a participating network eye care doctor or location, log in at anthem.com/ca, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1.866.723.0515**

**Medically
Necessary
Contact
Lenses
COVERED IN
FULL**

**Savings on
additional
eyewear and
laser vision
correction**

**Allowances
for Out-of-
Network
services**

Some of our in-network providers include:

GLASSES.com

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LENSCRAFTERS

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**sears
OPTICAL**

JCPenney | optical

COSTS FOR COVERAGE

Medical Plans				
Weekly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Employee/Family
Basic MEC	\$5.77	\$11.54	\$11.54	\$17.31
MEC Plus	\$22.31	\$59.70	\$43.68	\$85.32
Please contact branch management for additional information regarding the Anthem Minimum Value plan				

Ancillary Plans				
Weekly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Employee/Family
Anthem Dental	\$9.23	\$18.12	\$20.08	\$29.08
Anthem Vision	\$2.14	\$4.29	\$3.77	\$6.08

ENROLLMENT INFORMATION

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