

Benefits for AELL Members



ASSOCIATION FOR
**Early
Learning
Leaders**

**National
Accreditation
Commission**
FOR EARLY CARE AND
EDUCATION PROGRAMS



THRIVE
WORKPLACE BENEFITS
Dedicated to Development and Success

A Word From Lori Buxton

Dear Friends, Colleagues, and Members,

We are thrilled to share that we have partnered with an extraordinary team from ACCESS Sourcing Solutions and Thrive Workplace Benefits to bring our AELL members a health benefit platform that is accessible, affordable, and meaningful! This has been a long-standing goal of the Association as access to health coverage of any kind can be challenging and very costly for many of our programs. We believe that this offering can help you to become an employer of choice in your local community who attracts and keeps qualified, talented, and invested team members. As you can see in the feedback below, the process for accessing benefits is easy and the team at Thrive Benefits is top notch!

If you are in the market for a health benefit program for your school, we invite you to explore this opportunity. Erica Sylvia and her team are ready to answer any questions you have!

As always, we appreciate and celebrate the incredible work you do every day!

Warm Regards,

Lori Buxton | Executive Director | Association for Early Learning Leaders

“Hi Erica:

I wanted to reach out to let you know how thrilled I am to be working with such an efficient team! I specifically want to recognize Dani, who has been nothing short of spectacular... she's been patient, understanding and 1000% helpful in getting the enrollment process completed for our company. The Ease portal is phenomenal and so easy to use! So thank you, thank you, for being instrumental in offering a plan that targets small businesses like ours. It means the world to me that I can now offer the benefits my staff has long deserved but wasn't attainable. If you ever need a reference or there's any way I can help put the good word out on your behalf, please give me a call.”

Denise P | Kids Kampus | Naperville, IL

Meet Our Team



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Thrive Workplace Benefits

Thrive Workplace Benefits is located in Orange County, servicing clients with a concierge approach both here in Southern California and nationally.

We take your business personally, representing you - not a product. The world of employee benefits is ever-changing, complicated, and often intimidating. But it doesn't need to be. We take pride in our honest, straightforward approach to benefits consultation, making sure you the client are prepared to make the right choices to meet your goals.

To us, you are more than a client, you are family.

How The Program Works

So how does this program work for you and your employees? Through your membership with AELL, you will have access to a custom association plan that caters to the needs of the early educators demographic. By AELL acting as the plan sponsor we have been able to eliminate some of the barriers to entry faced by so many small business owners.

With the AELL plan you:

- Do not have to satisfy minimum participation requirements. If even 1 employee desires coverage, we want to help!
- Have access to MEC medical plans, dental, vision, and a Beazely suite of optional coverages.
- Will have your own custom enrollment and employee portal, backed by a team to handle the administrative lift.
- Can elect to make an optional employer contribution as a percentage or dollar amount.
- Will have a per site invoice sent directly to you for payroll reconciliation
- All premiums listed are monthly
- ******And for our ALEs (Applicable Large Employers), we are here to help you understand and navigate how this plan can help you satisfy penalties associated with mandatory health insurance coverages for your employees.

Most importantly, we are here to help. Our team looks forward to seeing if this program is good fit for you and your valuable staff.

Pricing Guide

	Employee only	Employee & Spouse	Employee & Child(ren)	Family
Virtual MEC	\$69.00	\$138.00	\$138.00	\$207.00
Ultra MEC	\$109.00	\$218.00	\$218.00	\$327.00
Ultimate MEC	\$135.00	\$270.00	\$270.00	\$405.00
Beazley Standard Package	\$45.00	\$90.00	\$90.00	\$135.00
Delta Preventive Dental	\$19.80	\$37.53	\$35.28	\$58.86
Delta Complete Dental	\$38.97	\$78.24	\$73.50	\$118.53
VSP Vision	\$9.95	\$19.90	\$20.90	\$34.85

*All Fees Are Monthly

EASE

Online Enrollment With Ease

Save Time and Deliver a Better Employee Experience

Tired of chasing down paper forms and decoding illegible handwriting year after year? Think that there should be a better way? So do we. With Ease, over 65,000 business owners enjoy a streamlined enrollment process, and deliver a better experience to over 2 million employees. Take a look at how online enrollment helps businesses like yours.

	Now	With Ease
Step 1: Give Employees a Flawless First Day	<p>HR: Are you wasting hours collating, auditing, scanning, and filing paper forms for new hires every year?</p> <p>Employee: Do your new hires find it tedious to complete and sign onboarding forms by hand?</p>	<p>HR: Enter new employee information — only once — and send the login details to your new hire. That's it!</p> <p>Employee: In just a few minutes, new hires complete W-2, W-4, I-9, and direct deposit forms online.</p>
Step 2: Simplify Enrollment for Everyone	<p>HR: Do you manually determine eligibility, or maintain paper summaries for every single plan? Do you have to distribute brochures, and help employees understand and compare plan details?</p> <p>Employee: Do your employees get overwhelmed with sifting through endless paperwork? Do they struggle with comparing plan details, and trying to estimate how much benefits will cost?</p>	<p>HR: Your broker configures the system for you based on your plan selections and eligibility rules. Simply send employees a unique login for their company benefits account and they can log in to make selections. How easy is that?</p> <p>Employee: Employees just log in to their company's benefits account from their desktop or mobile, and then browse only the benefit plans they're eligible for, as well as cost per pay period!</p>

EASE

	Now	With Ease
Step 3: Benefit Elections Have Never Been Easier	<p>HR: During enrollment, do you find yourself spending hours chasing down and auditing paper forms or attempting to decode illegible handwriting? Are you once again feeling frustrated and overwhelmed with the whole enrollment process?</p> <p>Employee: While sifting through stacks of paperwork, do employees dread enrollment as much as you do? Do they feel unsure if they've made good decisions, or what their total payroll deductions will be?</p>	<p>HR: In just a few clicks, you can electronically submit benefit elections to your health insurance broker. Feel happy and relieved that enrollment was so easy this year!</p> <p>Employee: Employees can make better benefits decisions by easily comparing options, plan deductibles, SBCs, and actual costs per pay period—in less time than it takes to drink a cup of coffee! With this stress-free experience, they feel great about company benefits.</p>
Step 4: Give Employees Easy Access Year-Round	<p>Employee: Do employees sometimes lose ID cards or have billing problems when they forget to bring ID cards to medical appointments?</p>	<p>Employee: Employees can easily access benefits information year-round via desktop or mobile, and upload them and their dependent's ID cards to the Ease mobile app for on-the-go access.</p>
	Now	With Ease
Step 5: Robust Reporting and Metrics Always at Your Fingertips	<p>HR: What happens when you need to create reports for your executive or finance teams? Are you manually downloading multiple files and creating complex spreadsheets and graphs?</p>	<p>HR: Ease lets you automatically generate and view standard reports, and empowers you to create custom reports for plans, enrollment summaries, beneficiaries, and more!</p>

ENROLL NOW! Time is limited

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



GET YOUR ID CARD IN DAYS



COVERAGE YOU NEED AT
A PRICE YOU CAN AFFORD

MEDICAL COVERAGE

Virtual MEC: Covers all preventive services 100% and includes Virtual Health and prescription drug coverage.

Ultra MEC: Covers all preventive services 100%, primary care visits at a \$15 copay, urgent care at a \$50 copay and discounts on additional services such as specialist visits, labs and x-rays. Ultra MEC also includes Virtual Health and prescription drug benefits.

Ultimate MEC: Covers all preventive services 100% and office visits, urgent care, labs and x-rays offered at various copays. Ultimate MEC includes Virtual Health and prescription drug benefits.

ANCILLARY COVERAGE

Beazley Standard Package: This supplemental insurance package provides specific benefit amounts for a limited number of days when you receive medical expenses for covered services incurred due to accident or sickness.

Delta Preventive Dental: Coverage includes diagnostic and preventive services at 100%.

Delta Complete Dental: Coverage includes diagnostic and preventative services at 100%, basic and restorative services at 80% and major services at 50%. Out-of-network services are offered at 80%/50%/50% respectively. There is no coverage for orthodontia.

VSP Vision: Coverage includes comprehensive eye exams at a \$10 copay, frame allowances, lenses at a \$25 copay or contact lenses at an allowance or covered in full after copay depending on medical necessity.

Medical Benefits	Virtual MEC
Preventive / Wellness	Covered 100%
Prescription Drugs	Tier 1: \$10 or less, Tier 2: \$25 or less
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

¹The Virtual MEC plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²Prescription drug benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/smithrxformulary. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

³Virtual Health Benefits are offered through freshbenies. Members have access to 1) physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when medically necessary and 2) therapist consultations via video at \$50 each (first 3 visits - \$85 after)

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 **1.800.371.2507**

Online: visit www.multiplan.com/sbmapreventiveservices and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results



A FRESH APPROACH TO BENEFITS **freshbenies gives convenient access to virtual doctor visits and more!**

Telehealth: Call anytime, visit with a US-based, licensed doctor and get a prescription written, if medically necessary – at NO COST.

Behavioral Telehealth: Schedule consultations with therapists at a fraction of the cost of typical in-person visits.

benieWALLET: Store and access all your health-related cards in one, easy place so they're ready anytime, anywhere.

To access your services, log in at freshbenies.com, download the freshbenies app or call **1.855.373.7450**

Using Your Prescription Drug Card at Retail Pharmacies



Present your medical card with your prescription to any of our 75,000+ 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**

Medical Benefits	Ultra MEC
Preventive / Wellness	Covered 100%
Primary Care Visits	\$15 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Prescription Drugs	Tier 1: \$10 or less, Tier 2: \$25 or less
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

¹The Ultra MEC plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²Claims are repriced through the MultiPlan PHCS network. Members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.

³Prescription drug benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/smithrxformulary. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

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By phone: call **1.800.457.1309**
Online: visit www.multiplan.com/sbmaspecificservices
 and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
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Medical Benefits	Ultimate MEC
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drugs	Tier 1: \$10 or less, Tier 2: \$25 or less, Tier 3: \$50 or less, Tier 4: \$75 or less
Virtual Health Benefits	freshbenies
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWALLET	Included

¹The Ultimate MEC plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

²Prescription drug benefits are subject to the formulary drug list. To see a list of covered drugs, visit www.sbmabenefits.com/smithrxformulary. Amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

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Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer mammography screenings: every 2 years for women over 50 and older or as recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Urinary tract or other infection screening
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rubella; and Rotavirus
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children
- Well-baby and well-child visits

For more information on preventive care benefits visit:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Ready for whatever's down the line.

Group Limited Indemnity Insurance Policy with Riders

You never know what's coming down the line. It could be an illness or injury that lands you in the hospital or an accident that sends you to the ER or urgent care. Or, if you are being treated for a critical condition, you might need a little extra help with household expenses. Group Limited Indemnity (GLI) insurance and Riders from Beazley Benefits can help keep your health expenses in line.

What is Group Limited Indemnity insurance?

The Group Limited Indemnity insurance policy helps cover the cost of certain medical expenses (incurred due to accident or sickness), at a specific benefit amount for a limited number of days per year, when you receive covered services. The Group Limited Indemnity plan is packaged with Riders. You may opt for these coverages for your spouse or child(ren), and you are eligible regardless of your health status (i.e., you do not have to answer any medical questions to qualify).

Note: Group Limited Indemnity (and the Riders) are NOT major medical insurance.

What are the specific plan benefits?

Group Limited Indemnity		
Pays a fixed dollar amount per day for these benefits:		
Benefits	Definition	Plan amounts
Hospital Confinement benefit	For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day).	\$100 per insured, per day 15 days per insured, per year
Hospital Admission benefit	Lump sum benefit for a hospital admission due to sickness or injury. (Note: birth of a healthy child covers mother only).	\$1,250 per insured, per day 1 day per insured, per year
Inpatient Surgery benefit	For inpatient surgery in a hospital, due to sickness or injury.	\$250 per insured, per day 1 day per insured, per year
Outpatient Major Surgery benefit	For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury.	\$250 per insured, per day 1 day per insured, per year
Outpatient Minor Surgery benefit	For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury. (Note: Must be eligible CPT code).	\$50 per insured, per day 1 day per insured, per year
Critical Illness rider		
Pays a lump sum benefit upon diagnosis of any of these 9 specified conditions: Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Coma, Paralysis, Severe Burns, Loss of Sight. Includes 10% additional occurrence benefit after a 12 month separation period.		
Employee Benefit	Spouse Benefit	Child(ren) Benefit
\$7,500	\$3,750	\$3,750
Accidental Death & Dismemberment (AD&D) rider		
Pays a lump sum benefit for loss of life, dismemberment and other disabling conditions. Benefit payable varies, based on a schedule of benefits for the loss incurred.		
Employee Benefit	Spouse Benefit	Child(ren) Benefit
\$50,000	\$25,000	\$10,000
Accident rider		
Pays a benefit for treatment of injuries resulting from a covered accident.		
Benefit	Definition	Plan amounts
Accident Expense	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.	See schedule of benefits Up to 3 accidents per year

Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations

Contact Us

Beazley Benefits
Plan Administrator: ACI (800) 508-9238

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. CA License #2868-8 The Group Limited Indemnity policy is offered under **Policy Form Series AHGLIMM0001**. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. See the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators. Globe Life And Accident Insurance Company manages and reinsures the Beazley Benefits program.



Dental Benefits	In Network	Out of Network
Annual Deductible	\$0	\$0
Annual Maximum Benefit	\$1,000 per insured person	\$1,000 per insured person
Diagnostic & Preventive		
Exams / Cleanings (twice per year)	Covered 100%	Covered 100%
Bitewing X-Rays (once per year)	Covered 100%	Covered 100%
Full mouth X-Rays (once every 5 years)	Covered 100%	Covered 100%
Fluoride Treatment ¹ (twice per year)	Covered 100%	Covered 100%
Space Maintainers ² (once per space)	Covered 100%	Covered 100%

¹Fluoride treatments are for eligible children to age 19 in combination with cleanings and subject to the same annual limitations.

²Space maintainers are once per space for missing posterior primary teeth for children under age 14.

How to find a network dentist:

From the Delta Dental mobile app or website at <https://www.deltadentalct.com>

1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"

For additional questions, call Delta Dental Customer Service at **1.800.452.9310**



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

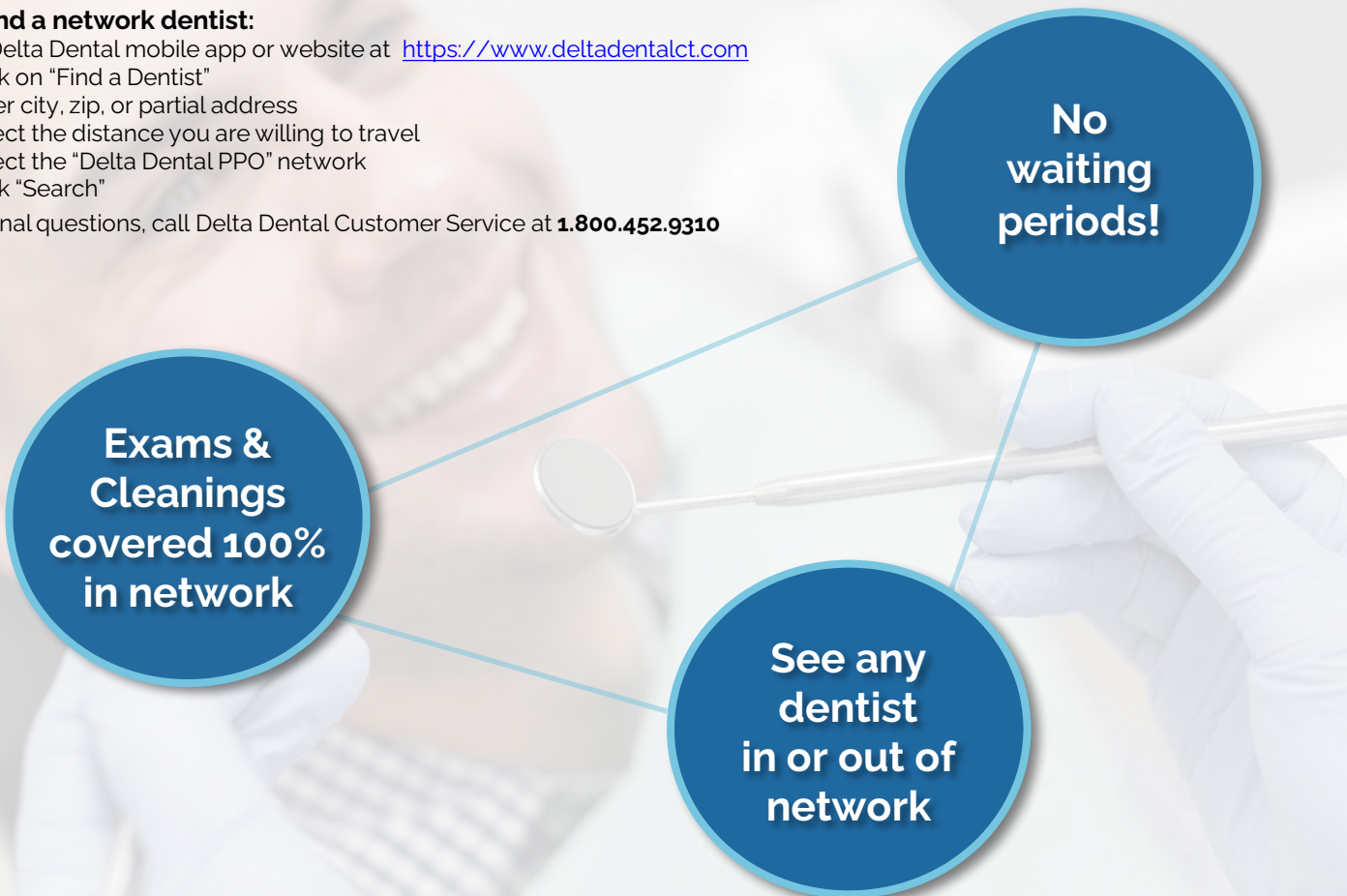
This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

How to find a network dentist:

From the Delta Dental mobile app or website at <https://www.deltadentalct.com>

1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"

For additional questions, call Delta Dental Customer Service at **1.800.452.9310**



Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	\$45 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance (\$70 allowance at Walmart / Costco)	\$70 allowance	Once every 24 months
Eyeglass Lenses (instead of contacts)			
Single	\$25 copay	\$30 allowance	Once every 12 months
Bifocal	\$25 copay	\$50 allowance	Once every 12 months
Trifocal	\$25 copay	\$65 allowance	Once every 12 months
Contact Lenses (instead of glasses)			
Contact Fitting & Evaluation	Maximum \$60 copay	Applied to contact lens allowance	Once every 12 months
Elective disposable	\$130 allowance	\$105 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100% after copay	\$210 allowance	Once every 12 months

LOCATING NETWORK PROVIDERS

To locate providers, call **1.800.877.7195** or visit <https://www.vsp.com/eye-doctor> then follow the prompts to search for an eye doctor by location, office or specific doctor then click "SEARCH"

Savings on additional eyewear and laser vision correction

Medically Necessary Contact Lenses COVERED IN FULL

Allowances for Out-of-Network services

This overview contains a general description of your vision care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, Inc., which governs the benefits and operation of your program. Please contact your SBMA representative for additional information.

EMPLOYEE INFORMATION

Name _____ Social Security Number _____

Employer/Division _____ Hire Date _____

Birth Date _____ Sex Male Female

Address _____ Phone Number _____

City/State/Zip _____ Email _____

DEPENDENT INFORMATION

Name _____ Name _____

Social Security Number _____ Social Security Number _____

Birth Date _____ Birth Date _____

Male Female Spouse Child Male Female Spouse Child

Name _____ Name _____

Social Security Number _____ Social Security Number _____

Birth Date _____ Birth Date _____

Male Female Spouse Child Male Female Spouse Child

COVERAGE ELECTIONS

Medical Election (choose only 1)				
Monthly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Virtual MEC	<input type="checkbox"/> \$69.00	<input type="checkbox"/> \$138.00	<input type="checkbox"/> \$138.00	<input type="checkbox"/> \$207.00
Ultra MEC	<input type="checkbox"/> \$109.00	<input type="checkbox"/> \$218.00	<input type="checkbox"/> \$218.00	<input type="checkbox"/> \$327.00
Ultimate MEC	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$270.00	<input type="checkbox"/> \$405.00

Ancillary Elections (choose only 1 dental plan)				
Monthly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
Beazley Standard Package*	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$135.00
Delta Preventive Dental	<input type="checkbox"/> \$19.80	<input type="checkbox"/> \$37.53	<input type="checkbox"/> \$35.28	<input type="checkbox"/> \$58.86
Delta Complete Dental	<input type="checkbox"/> \$38.97	<input type="checkbox"/> \$78.24	<input type="checkbox"/> \$73.50	<input type="checkbox"/> \$118.53
VSP Vision	<input type="checkbox"/> \$9.95	<input type="checkbox"/> \$19.90	<input type="checkbox"/> \$20.90	<input type="checkbox"/> \$34.85

waive coverage

***Complete ONLY if electing the Beazley Standard Package**

Primary Beneficiary: _____ Birth Date: _____ Relationship: _____ %

Secondary Beneficiary: _____ Birth Date: _____ Relationship: _____ %

EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge the offer of health insurance coverage, providing Minimum Essential Coverage (MEC), for myself, and my eligible dependents. If electing coverage, I authorize my employer to make salary reductions for my portion of the insurance premiums. I understand that I may not make changes to my coverage elections until my employer's next open enrollment period or due to a qualifying event.

Signature _____

Date _____