

Benefits

Minor Medical
Hospital Indemnity
Dental
Vision

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Have a question? Contact Us:
support@evolvedbenefits.com



Minor Medical Comparison

Please see plan summaries for more details.

Plan Comparison	OptimaCare	EliteCare	EliteCare ExtraCare
Preventive / Wellness	✓	✓	✓
Prescription Discount Program - by PureRx	✓	✓	✓
Prescription Drugs	✓	✓	✓
Primary Care / Specialist Visits	✓	✓	✓
Laboratory Services / X-Rays		✓	✓
Urgent Care	✓	✓	✓
24/7/365 Telehealth	✓	✓	✓
Behavioral Health	✓	✓	✓
benieWallet	✓	✓	✓
Hospital Admission and Confinement Benefit			✓
Inpatient and Outpatient Surgery Benefit			✓
Emergency Room and Ambulance Benefit			✓

Minor Medical Base Plan

Minor medical plans include in-network benefits only. Please see plan summaries for more details.

Minor Medical Plan Network:



OptimaCare

Preventive / Wellness

Covered 100%

Primary Care / Specialist Visits

\$15 / Network Discount

Laboratory Services / X-Rays

Network Discount

Urgent Care

\$50 Copay

Prescription Drugs

**Tier 1: \$15, Tier 2: \$30 Copay
Tier 3: \$50 Copay, Tier 4: \$75**

24/7/365 Telehealth

Included

Behavioral Health

\$50 fee (first 3 visits then \$85 fee after)

benieWallet

Included - See freshbenies Summary

The OptimaCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page. Prescription drug benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day-supply. Claims are reprocessed through the MultiPlan PHCS network. For services subject to network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts. Pricing may vary based on quantity and supply. Virtual health benefits are offered through freshbenies. Members have access to physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when necessary, and therapist consults via video at \$50 each (first 3 visits). Please see the plan summaries for more detailed benefit information. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Minor Medical Buy Up Plan

Minor medical plans include in-network benefits only. Please see plan summaries for more details.

Minor Medical Plan Network:



EliteCare	
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$15 copay
Laboratory Services / X-Rays	\$50 copay
Urgent Care	\$50 Copay
Prescription Drugs	Tier 1: \$15, Tier 2: \$30 Copay Tier 3: \$50 Copay, Tier 4: \$75
24/7/365 Telehealth	Included
Behavioral Health	\$50 fee (first 3 visits then \$85 fee after)
benieWallet	Included - See freshbenies Summary

The EliteCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page. Prescription drug benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day-supply. Pricing may vary based on quantity and supply. Virtual health benefits are offered through freshbenies. Members have access to physician visits via phone or video, with prescriptions sent directly to the member's pharmacy, when necessary, and therapist consults via video at \$50 each (first 3 visits). Please see the plan summaries for more detailed benefit information. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Hospital Indemnity

Hospital Indemnity plans provide pay benefit amounts to the members directly, to help cover the cost of healthcare expenses. The Hospital Indemnity benefits are administered by Mutual of Omaha.

ExtraCare - High Plan

Hospital Admission - requires claims separation of 30 days

\$2,500 / up to 3 admissions per year

Hospital Confinement

\$200 per day / up to 30 days per year

Inpatient Surgery

\$1,000 / 1 time per year

Outpatient Surgery - Hospital or Ambulatory Surgical Center

\$1,000 / 1 times per year

Outpatient Surgery - Physician

\$300 / 1 time per year

Emergency Room

\$100 / up to 2 times per year

Ground Ambulance

\$200 / up to 2 times per year

Preventive Care Services

Minor medical plans include in-network benefits only. Please see plan summaries for more details.

Minor Medical Plan Network:



Covered Preventive Services for Adults - age 18 and older

- Abdominal Aortic Aneurysm
- Alcohol Misuse
- Aspirin for CVD
- Blood Pressure
- Cholesterol
- Colorectal Cancer
- Depression Screening
- Diabetes (Type 2) Screening
- Diet Consulting
- Falls Prevention
- Hepatitis B Screening
- Hepatitis C Screening
- HIV Screening
- Immunizations
- Lung Cancer Screening
- Obesity Screening and Consulting
- Sexually Transmitted Infection (STI)
- Statin Prevention Medication
- Syphilis Screening
- Tobacco Use Screening
- Tuberculosis Screening

Covered Preventive Services for Women - including Pregnant Women

- Anemia Screening
- Breast Cancer Genetic Test Counseling (BRCA)
- Breast Cancer Mammography
- Breast Cancer Chemo Prevention Counseling
- Cervical Cancer Screening
- Chlamydia Infection
- Contraception: FDA-Approved
- Diabetes Screening
- Domestic and Interpersonal Violence Screening/Counseling
- Folic Acid Supplements
- Gestational Diabetes Screening
- Gonorrhea Screening
- Hepatitis B Screening
- HIV Screening and Counseling
- Human Papilloma Virus (HPV) DNA Test
- Osteoporosis Screening
- Preclampsia Prevention and Screening
- Rh Incompatibility Screening
- Sexually Transmitted Infections
- Syphilis Screening
- Tobacco Use Screening and Interventions
- Urinary Tract or Other Infection Screening
- Well-Woman Visits

Please see the plan summaries for more detailed benefit information. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Preventive Care Services

Minor medical plans include in-network benefits only. Please see plan summaries for more details.

Minor Medical Plan Network:



Covered Preventive Services for Children - under 25 years of age on parent's plan

- Alcohol and Drug Use Assessments
- Autism Screening
- Behavioral Assessments
- Bilirubin Concentration Screening for Newborns
- Blood Pressure Monitoring
- Cervical Dysplasia Screening
- Depression Screening for Adolescents
- Developmental Screening
- Dyslipidemia Screening
- Fluoride Chemo Prevention Supplements
- Fluoride Varnish
- Gonorrhea Prevention Medication
- Hearing Screening
- Height, Weight and Body Mass Index
- Hematocrit Hemoglobin Screening
- Hemoglobinopathies or Sickle Cell Screening
- Hepatitis B Screening
- HIV Screening for Adolescents
- Hypothyroidism Screening
- Immunization Vaccines
- Iron Supplements
- Lead Screening
- Maternal Depression Screening
- Medical History through Developmental Ages
- Obesity Screening and Counseling
- Oral Health
- Phenylketonuria (PKU) Screening
- Sexually Transmitted Infection (STI)
- Tuberculin Testing
- Vision Screening

For more information on covered preventive services visit:

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

Dental Base Plan

In-network dental benefits shown. Out-of-network coverage is available. Please see plan summaries for more details.

Dental Plan Network:



Delta Dental 1000

Annual Deductible

\$50 Individual / \$150 Family

Annual Maximum Benefit

\$1,000 per insured person

Diagnostic & Preventive

Exams, Eleanings (twice per year)
Bitewing X-Rays (once per year)

Covered 100%

Diagnostic & Preventive

Fillings, Extractions, Root Canal

Covered 80% after deductible is met

Diagnostic & Preventive

Crowns, Dentures, Bridges, Implants

Covered 50% after deductible is met

Please see the plan summaries for more detailed benefit information. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Dental Buy Up Plan

In-network dental benefits shown. Out-of-network coverage is available. Please see plan summaries for more details.

Dental Plan Network:



Delta Dental 1500

Annual Deductible

\$50 Individual / \$150 Family

Annual Maximum Benefit

\$1,500 per insured person

Diagnostic & Preventive

Exams, Eleanings (twice per year)
Bitewing X-Rays (once per year)

Covered 100%

Diagnostic & Preventive

Fillings, Extractions, Root Canal

Covered 80% after deductible is met

Diagnostic & Preventive

Crowns, Dentures, Bridges, Implants

Covered 50% after deductible is met

Please see the plan summaries for more detailed benefit information. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Vision Plan

In-network vision benefits shown. Out-of-network coverage is available. Please see plan summaries for more details.

Vision Plan Network:



VSP Vision Plan

Comprehensive Eye Exam

Available once every 12 months

\$10 Copay

Frames

Available once every 24 months

\$130 allowance
(\$70 allowance at Walmart / Costco)

Lenses - single, bifocal, trifocal

Available once every 12 months

\$25 Copay

Contact Lenses - instead of glasses

Available once every 12 months

\$130 allowance

Lasik

Discounts available



Practical tools to control your healthcare (and more)...in one easy membership!

Save hundreds to thousands on your family's healthcare. Use your freshbenies services through your member app, portal or phone. One membership includes your entire immediate family!



Advocacy PLUS

Your friend in healthcare. Comprehensive support throughout your healthcare journey. Find highly-rated doctors, compare costs for procedures, find lower-cost prescriptions, have medical bills negotiated and more.



Behavioral Telehealth

Even more access to experts! Schedule convenient, discreet consultations with therapists or psychiatrists at a fraction of the cost of typical in-person visits, only \$85 - \$95 (initial psychiatrist intake is \$225).



Vision Savings

See and be seen! Get amazing discounts on everything from vision exams, brand name eyewear and contacts to LASIK and more - at thousands of providers nationwide, including national chains and local retailers.



benieWALLET

Your important cards ready - anytime, anywhere! Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!



Telehealth

Your 24/7 Dr. BFF. It's like having a best friend who's a family doctor! Up to 70% of medical issues can be solved by phone. Reach out 24/7 for \$0 visit fee with a U.S. primary care doctor and get a prescription written, if medically necessary*.



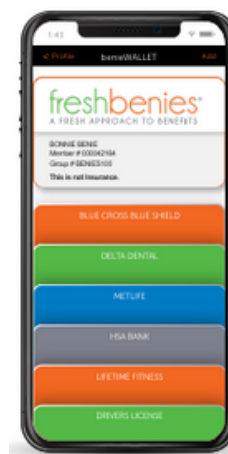
Prescription Savings

Get your drug on (sale)! Fewer medications are covered under today's medical plans. Use our pricing tool to save an average 79% on generic and 34% on brand name** prescriptions at over 60,000 pharmacies nationwide.



Dental Savings

Smile at the savings. Save an average 20-40%*** on dental services from cleanings, whitening and root canals to braces and more at thousands of available dental practice locations nationwide.



Chat



ACTIVATE your membership at freshbenies.com where you can chat with AI Assistant Bonnie – she makes it a snap

Monthly Plan Costs

Minor Medical	ExtraCare (High)	OptimaCare	EliteCare	EliteCare + ExtraCare (High)
Employee	\$49.00	\$120.00	\$140.00	\$189.00
Employee + Spouse	\$98.00	\$225.00	\$265.00	\$363.00
Employee + Child(ren)	\$98.00	\$225.00	\$265.00	\$363.00
Family	\$147.00	\$330.00	\$390.00	\$537.00

Ancillary	Dental 1000	Dental 1500	Vision
Employee	\$38.97	\$44.15	\$9.95
Employee + Spouse	\$78.24	\$88.20	\$19.90
Employee + Child(ren)	\$73.50	\$83.47	\$20.90
Family	\$118.53	\$134.99	\$34.85

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