Beni
SOLUTIONS

Enrollment Kit

Prepared For: JM Conner Marie dba Amarosa
Effective Date: 10/01/2025

Medical Plan Options

PrimeCare MEC

Monthly Rates	PRIMECARE
Employee Only	$57.50
Employee + Spouse	$103.50
Employee + Child(ren)	$96.50
Family	$155.50
Medical Benefits	
Wellness and Preventive	Covered at 100%
Primary Care Visits	$15 copay | 3x/year
Specialists Visits	-
Urgent Care Visits	-
Laboratory Services	-
X-Rays	-
Rx Benefits *Formulary*	
Copay Level by Tier	$15/$30/$50/$75
Virtual Health Benefits	
Telemedicine	$0 Copay | Unlimited
Virtual Behavioral Health	$50 Copay | 3x/year
MEC Companion Discount Card	
Discounts on Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Included
Summary of Benefits & Coverage	SBC

Provider Lookup

1. Click the link www.multiplan.com/sbmaspecificservices
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided.

PHCS

1. Costs include plan documents, MultiPlan network, ID cards, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services
3. Claims are repriced through the MultiPlan PHCS network.
4. Rx 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.
5. Virtual Health Benefits are offered through Recuro. 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). The WellCare plan does not include behavioral health services.
6. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).

MEC Powered by

optionsplus

EliteCare MEC + National Select

MEC + Hospital Indemnity

Monthly Rates	ELITECARE + NATIONAL SELECT
Employee Only	$112.00
Employee + Spouse	$317.00
Employee + Child(ren)	$292.00
Family	$479.00
Medical Benefits	
Wellness and Preventive	Covered at 100%
Primary Care Visits	$15 copay | Unlimited
Specialists Visits	$15 copay | Unlimited
Urgent Care Visits	$50 copay | Unlimited
Laboratory Services	$50 copay | Unlimited
X-Rays	$50 copay | Unlimited
Rx Benefits *Formulary*	
Copay Level by Tier	$15/$30/$50/$75
Virtual Health Benefits	
Telemedicine	$0 Copay | Unlimited
Virtual Behavioral Health	$50 Copay | 3x/year
MEC Companion Discount Card	
Discounts on Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, & more	Included
Hospital Indemnity – *Reimbursed to the Member*	
Hospital Admission	$2,500 | 3x/year
Hospital Confinement	$200 per day | 30x/year
Inpatient Surgery	$1,000 | 1x/year
Outpatient Surgery (Hospital/Physician)	$1,000/$300 | 1x/year
Emergency Room	$100 | 2x/year
Emergency Transportation (Ground/Air)	$200/$1,000 | 1x/year
Summary of Benefits & Coverage	SBC

Hospital Indemnity benefits can help pay for out-of-pocket costs associated with being hospitalized in addition to your medical coverage and can give you more of a financial safety net for unplanned expenses brought on by a hospital stay. **Payments are made directly to you, even if you did not actually incur any out-of-pocket expenses.**

Provider Lookup

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3. Enter zip code, then click on search and your directory will be provided.

PHCS

1. Costs include plan documents, MultiPlan network, ID cards, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services
3. Claims are repriced through the MultiPlan PHCS network.
4. Rx 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.
5. Virtual Health Benefits are offered through Recuro. 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).
6. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA).
7. Hospital Indemnity benefits are through Mutual of Omaha and paid directly to the member.

MEC Powered by

optionsplus

Base MV

Monthly Rates	Base MV	
Employee Only	$268.76	
Employee + Spouse	$581.30	
Employee + Child(ren)	$530.47	
Family	$799.76	
Deductible (Shared In/Out Network)	$0	
Out of Pocket Max (Ind/Fam)	$8,700/$17,400	N/A
Medical Benefits	**In Network**	**Out of Network**
Preventive and Wellness	Covered at 100%	Covered at 100%
Primary Care Visits	$25 Copay | 8 per year	$25 Copay | 8 per year
Specialist Visits	$50 Copay | 8 per year	$50 Copay | 8 per year
Urgent Care Visits	$50 Copay | 2 per year	$50 Copay | 2 per year
Diagnostic Test (x-ray, bloodwork)	$50 Copay | 3 per year combined	$50 Copay | 3 combined per year
Imaging (CT/PET scans, MRI)*RBP	$350 Copay | 1 per year	
MEDMO Radiology	Covered 100%	
Telemedicine	$0 Copay | Unlimited	
Rx Benefits *Formulary*		
Generic Rx	$10 Copay	Not Covered
Preferred Brand/Non-Preferred Rx	Discount Only	Not Covered
Hospital Services		
Inpatient Hospitalization & Surgery*RBP	$350 Copay per admission | 5 days & 2 Surgeries per year	
Outpatient Hospitalization & Surgery*RBP	$350 Copay | 1 per year	
Emergency Room ServicesRBP	$350 Copay | 1 per year	
Other Services		
Home Health Care	$25 Copay | 10 per year	Not Covered
Treatment for Substance Abuse (Inpatient)*RBP	$250 Copay per admission | 5 days a year	
Treatment for Substance Abuse (Outpatient)*	$25 Copay | 8 per year	
Treatment for Mental & Behavioral Health (Inpatient) *RBP	Deductible then $350 Copay per admission | 5 days a year	
Treatment for Mental & Behavioral Health (Outpatient)	$50 Copayment	
Emergency Medical Ground TransportationRBP	$250 Copay | 1 per year	
Chemotherapy, Radiation & Dialysis	Not Covered	Not Covered
Pregnancy Services		
Office Visits	$25 Copay (Primary) | $50 (Specialist)	$25 Copay (Primary) | $50 (Specialist)
Professional Services	Not Covered	
Maternity/Childbirth/Delivery (Facility Services)	Not Covered	
Plan Documents	SBC & Plan Documents	

Frequently Asked Questions

Click the link MV Plan

Provider Lookup

1. Click the link www.multiplan.com/sbmapa
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided.

PHCS Practitioner & Ancillary

This plan is a Qualified Health Plan that meets the standards of Actuarial Value under the Affordable Care Act (ACA)

* Pre-Authorization Required RBP Referenced Base Pricing AD – After Deductible

Premium MV

Monthly Rates	Premium MV	
Employee Only	$321.75	
Employee + Spouse	$732.71	
Employee + Child(ren)	$615.91	
Family	$888.45	
Deductible (Shared In/Out Network)	$0	
Out of Pocket Max (Ind/Fam)	$9,100/$18,200	N/A
Medical Benefits	**In Network**	**Out of Network**
Preventive and Wellness	Covered at 100%	40% Coinsurance
Primary Care Visits	$15 Copay	40% Coinsurance
Specialist Visits	$15 Copay	40% Coinsurance
Urgent Care Visits	$50 Copay	40% Coinsurance
Diagnostic Test (x-ray, bloodwork)	$50 Copay	40% Coinsurance
Imaging (CT/PET scans, MRI)*RBP	$350 Copay | 2 per year	
MEDMO Radiology	Covered 100%	
Telemedicine	$0 Copay | Unlimited	
Rx Benefits *Formulary*		
Generic Rx	$10 Copay	Not Covered
Preferred Brand/Non-Preferred Rx	Discount Only	Not Covered
Hospital Services		
Inpatient Hospitalization & Surgery*RBP	$500 Copay | 7 days & 3 Surgeries per year	
Outpatient Hospitalization & Surgery*RBP	$350 Copay | 1 per year	
Emergency Room ServicesRBP	$500 Copay | 1 per year RBP	
Other Services		
Home Health Care	$50 Copay | 10 days per year	40% Coinsurance
Treatment for Substance Abuse (Inpatient)*RBP	$500 Copay | 7 days a year	
Treatment for Substance Abuse (Outpatient)*	$75 Copay | 8 days per year	40% Coinsurance
Treatment for Mental & Behavioral Health (Inpatient)*RBP	Deductible then $500 Copay per admission | 7 days a year	
Treatment for Mental & Behavioral Health (Outpatient)	$15 Copay	Deductible then 40% Coinsurance
Emergency Medical Ground TransportationRBP	$500 Copay | 1 per year	
Rehabilitation Services, *limited to 12 days per year combined with habilitation services*	$50 Copay | 12 visit per year combined	40% Coinsurance
Habilitation Services, *limited to 12 days per year combined with rehabilitation services*	$50 Copay | 12 visit per year combined	40% Coinsurance
Pregnancy Services		
Office Visits	$15 Copay	Deductible then 40% Coinsurance
Professional Services*	$350 copay per admission	
Childbirth/Delivery (Facility Services)*RBP	$500 Copay per admission	
Plan Documents	SBC & Plan Documents	

Frequently Asked Questions

Click the link MV Plan

Provider Lookup

1. Click the link www.multiplan.com/sbmapa
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3. Enter zip code, then click on search and your directory will be provided.

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* Pre-Authorization Required RBP Referenced Base Pricing AD – After Deductible

Superior MV

Monthly Rates	Superior MV	
Employee Only	$332.56	
Employee + Spouse	$743.53	
Employee + Child(ren)	$629.98	
Family	$1,019.32	
Deductible (Shared In/Out Network)	$0	
Out of Pocket Max (Ind/Fam)	$5,000/$10,000	N/A
Medical Benefits	**In Network**	**Out of Network**
Preventive and Wellness	Covered at 100%	
Primary Care Visits	$15 Copay | 12 visits per year	
Specialist Visits	$25 Copay | 12 visits per year	
Urgent Care Visits	$50 Copay | 3 per visits year	
Diagnostic Test (x-ray, bloodwork)	$50 Copay | 4 per visits year	
Imaging (CT/PET scans, MRI)*RBP	$350 Copay | 3 per visits year	
MEDMO Radiology	Covered 100%	
Telemedicine	$0 Copay | Unlimited	
Rx Benefits *Formulary*		
Generic Rx	$10 Copay	Not Covered
Preferred Brand/Non-Preferred Rx	$50 Copay / $75 Copay	Not Covered
Hospital Services		
Inpatient Hospitalization & Surgery*RBP	$350 Copay | 10 days & 4 Surgeries per year	
Outpatient Hospitalization & Surgery*RBP	$350 Copay | 2 per year	
Emergency Room ServicesRBP	$350 Copay | 2 per year	
Other Services		
Home Health Care	$25 Copay | 20 days per year	Not Covered
Substance Abuse Services (Inpatient)*RBP	$250 Copay | 10 days a year	
Substance Abuse Services (Outpatient)*	$25 Copay | 12 days per year	
Mental/Behavioral Services (Inpatient)*RBP	$350 Copay | 10 days per year	
Mental/Behavioral Services (Outpatient)	$25 Copay	
Emergency Medical Ground TransportationRBP	$250 Copay | 2 per year	
Rehabilitation Services, *limited to 12 days per year combined with habilitation services*	$50 Copay	Not Covered
Habilitation Services, *limited to 12 days per year combined with rehabilitation services*	$50 Copay	Not Covered
Pregnancy Services		
Office Visits	$25 Copay (Primary) | $50 Copay (Specialist)	
Professional Services*	$350 Copay	
Maternity/Childbirth/Delivery Facility*RBP	$350 Copay	
Plan Documents	SBC & Plan Documents	

Frequently Asked Questions

Click the link MV Plan

Provider Lookup

1. Click the link www.multiplan.com/sbmapa
2. Enter provider type: i.e Primary Care, Ob-Gyn, Lab, etc.
3. Enter zip code, then click on search and your directory will be provided.

PHCS Practitioner & Ancillary

This plan is a Qualified Health Plan that meets the standards of Actuarial Value under the Affordable Care Act (ACA).
RBP – Referenced Based Pricing * - Precertification Required

Wellness & Preventive Services

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 aged 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 aged 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 the most up to date list, visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/**

HealthWallet

HOW TO LOGIN TO HealthWallet

In HealthWallet you'll have access to

- Digital ID Cards
- Explanations of Benefits
- Provider Searches
- Prescription Benefits
- Virtual Care Options
- and more

1. Type in get.thehealthwallet.com in your browser on your phone
2. Download the app that the above web address brings you to
3. Open "the Health Wallet App"
4. To Login, Choose your login option instructed by your benefit plan.
5. Access your Health Wallet Services & Features.

If you need assistance with the HealthWallet app please call us at **1-866-918-7735 or email us at support@thehealthwallet.com.**

Ancillary Plan Options

Comprehensive Dental

Monthly Rates	Comprehensive
Employee Only	$25.58
Employee + Spouse	$73.62
Employee + Child(ren)	$68.89
Family	$124.41

Benefits	In Network	Out Of Network
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	80%
Basic Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants	80%	50%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants	50%	50%
Annual Maximum (per person)	$1,500	$1,500
Annual Deductible Per Person Family Maximum	$50 $150	$100 $300

Dental

1. Visit: https://www.deltadental.com/us/en/member/find-a-dentist.html
2. Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO
3. Search by Current Location: No, Enter Zip Code | Find Dentists

Powered by DELTA DENTAL®

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

Vision

Monthly Rates	VSP Vision
Employee Only	$7.48
Employee + Spouse	$19.42
Employee + Child(ren)	$20.42
Family	$36.37
Benefits	
Exam/lens/frame frequency (months)	12/12/24
Contacts (in lieu of glasses)	12
In Network Coverage	
Eye Exam Copay	$10
Materials Copay	$25
Frame allowance	$130 | $70 Walmart/Sam's Club/Costco frame allowance
Elective contact lens allowance	$130
Necessary contact lenses	Covered in full after copay
Contact lens fit/evaluation copay	$60
Both frames and contacts in same year	No; allows contacts in lieu of frames
Out of Network Coverage	
Examination, up to:	$45
Single vision lenses, up to:	$30
Bifocal lenses, up to:	$50
Trifocal lenses, up to:	$65
Progressive lenses, up to:	$50
Lenticular lenses, up to:	$100
Frames, up to:	$70
Elective contact lenses, up to:	$105
Necessary contact lenses, up to:	$210
Lens Enhancements (Member Cost)*	
Anti-glare coating	$41 single/$41 multifocal
Impact - resistant lenses - adult	$31 single/$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses	$75 single vision/$75 multifocal
Scratch resistant coating	$17 single vision/$17 multifocal

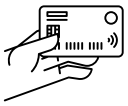
Vision

1. Visit: https://www.vsp.com/eye-doctor
2. Search by Location, Office Name, or Doctor Name

Powered by VSP VISION

Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices mayvary. Prices may vary and are valid only through VSP Choice Network and are subject to change without notice.

Member Perks!



MEC Companion Card

- Discounts on Dental, Vision, Durable Medical Equipment, Fitness Centers, Pet Care, and more!

Free Advanced Imaging

- When you use Medmo, MRI's are fully covered by your plan. No copay!

MV Plans Only

Member Portal & App

- Access plan information, ID cards, benefit summaries and more.

MV Plans Only

24/7 Virtual Care

- Receive care from a board certified doctor 24/7 no matter where you are via phone or FaceTime.

Telemedicine

Commonly Treated

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Conjunctivitis
- Diarrhea
- Ear Infections
- Headache
- Gastroenteritis
- Insect Bites
- Sprains/Strains
- Respiratory Infections
- Sinus Infections
- Upset Stomach
- Urinary Tract Infections

The Telemedicine Solution

Our telemedicine benefit provides you and your family access to board certified physicians around the clock **(24/7/365)** via telephone or secure video. Telemedicine physicians can give advice, diagnose or treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from $155 to upwards of $300, and an ER visit can average almost $1,000*. With this benefit, there is no cost to you or your family for a consultation.

Access your Account

Recuro Health's Virtual Urgent Care and Virtual Behavioral Health provide members with:

- 24/7 access to board-certified doctors for treatment of urgent medical concerns
- No-cost virtual access to a Psychiatrist or Licensed Counselor whenever and wherever they need it

Access care via the HealthWallet mobile app (scan the QR code above) or call 1-855-6RECURO

Medmo Provides Access To The Best Medical Imaging Appointment For You

For most patients, getting medical imaging is a painful and frustrating experience. Many times, patients wait longer, travel farther, and pay more than what they should.

Medmo is here to make imaging easy and affordable.

High-value imaging— without breaking the bank

Medmo helps you understand your options so that you can maximize your benefits and reduce your patient responsibility.

Find a time, location, and price that works for you

Medmo's sole purpose is to ensure the medical imaging process is as pleasant and seamless as possible.

Simple and Straightforward Process

- Call Medmo at **(844) 248-2292** to share your imaging (Xray, Mammogram, Ultrasound, CT and MRI) prescription information and availability
- Medmo will find imaging centers to determine the best match based on quality, your availability, network status and pricing
- Pre-authorization requirements apply
- Simply show up for your appointment and Medmo will have a copy of the results available for both your and your physician

help RX

WEIGHT LOSS MADE EASY

WITH YOUR GLP-1 PRESCRIPTION FEATURING GLP-1 SEMAGLUTIDE

A Simple, Affordable Way to Reach Your Goals

- Consultations with U.S.-licensed healthcare providers
- Upfront pricing, no insurance needed
- Free rush delivery from the pharmacy - 60-day money-back guarantee
- GLP-1 Semaglutides for weight loss & type 2 diabetes management

Semaglutide is a prescription medication for weight loss and Type 2 Diabetes. It belongs to a class of drugs called GLP-1 receptor agonists, which mimic the action of GLP-1 - a hormone that helps regulate blood sugar and appetite.

- Stimulates insulin release and reduces glucose production
- Slows digestion to help you feel full longer
- Reduces appetite and supports healthy weight loss

JUST $95 FOR ONE MONTH

SPECIAL OFFER: USE CODE **SBMA50**

THEN ONLY $145/MONTH THEREAFTER!

(REGULAR PRICE IS $289)

GETTING STARTED IS EASY - JUST 3 STEPS:

Fill Out a Quick Health Assessment
Complete a short form to see if you qualify.

Provider Review Within 24 Hours
Our board-certified physicians review your answers quickly.

Receive Your Order, Fast & Discreet
Enjoy rush delivery directly to your door!

VISIT HELPRX.CO OR SCAN THE QR CODE TO GET STARTED!

NO INSURANCE REQUIRED. TRANSPARENT PRICING.

Register Now

MEC Companion Card

Register

1. Visit www.WellCardSavings.com

2. Click: "Click Here to Register"

3. Group ID: MECPLUS

4. Fill out your information

5. Click Save, Text, or Email card or print the one below to use at participating providers.

Dental

Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.

Vision

Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.

Hearing Aids

Members receive a free hearing test and up to 70% discount on hearing aids at2,200 providers nationwide.

Lab Services

Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.

MRI & Imaging

Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000locations nationwide.

Vitamins

A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.

Diabetic Supplies

A full line of diabetes testing supplies are delivered directly to the member's home.

& More...

Enrollment Form

Group Information

Group Name	Policy ID#

Employee Information

First Name	Middle Initial	Last Name

Address	Address 2

City	State	Zip	Phone

Social Security Number	Date of Birth	Gender

Date of Hire	Email

Dependents

Full Name	Type	Date of Birth	Gender	SSN	Medical	Dental	Vision
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Plan Selections

Medical	Dental	Vision	Effective Date

☐ Waive all coverage options Reason:

I choose to enroll in the above coverage selections as offered by my employer and understand the terms and conditions associated with these plans.

Signature	Date