

Enrollment Kit

Effective Date: June 1, 2026 - May 31, 2027



Welcome Boss Employee!



You are eligible for benefits on the first of the month following 30 days of employment. Enrollment must be completed within the first 30 days of employment. If this window is missed, you must wait until the annual open enrollment period in May. To qualify for benefits, you must work a minimum of 30 hours per week.

To enroll, follow the steps below:

1. Visit gowellenroll.com
2. Click "Create Account"
3. Select "Employee"
4. Enter your Company Code: BACK1
5. Enter your email address
6. Create a password and get started
7. Enter your personal information and add dependents
8. Select your benefit offerings (you can view plan details and costs for each option)
9. Review, sign, and submit your enrollment

Questions, feel free to call Go Well at 866-346-9355 or email info@gowellbenefits.com.

Weekly Rates (Effective 6/1/2026)

WellCare

\$13.15 – Employee Only
\$22.85 – Employee + Spouse
\$22.85 – Employee + Child(ren)
\$28.62 – Employee + Family

MV \$1500

\$100.08 – Employee Only
\$192.27 – Employee + Spouse
\$181.29 – Employee + Child(ren)
\$263.93 – Employee + Family

VitalCare

\$44.77 – Employee Only
\$84.23 – Employee + Spouse
\$83.08 – Employee + Child(ren)
\$118.62 – Employee + Family

Ameritas Vision

\$2.45 – Employee Only
\$4.75 – Employee + Spouse
\$4.40 – Employee + Child(ren)
\$6.70 – Employee + Family

Ameritas Fusion – Dental/Vision Plan

\$11.82 – Employee Only
\$23.22 – Employee + Spouse
\$29.05 – Employee + Child(ren)
\$40.45 – Employee + Family

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Medical Plan Options



Medical Benefits ¹	WELLCARE
Preventive / Wellness Services	Covered 100%
Primary Care	-
Specialist Visits	-
Urgent Care	-
Laboratory Services / X-Rays	-
Prescription Drug Benefits ²	<u>Click for PureRx Formulary</u>
Copay by Drug Tier	Discount Rx Included
Virtual Health Program ³	Reкуро
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	-
Discount Companion Card	
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card
Plan Documentation	<u>SBC Plan Document</u>
Find a Provider	<u>Access Provider Lookup</u>

1. Costs include plan documents, MultiPlan network, ID cards, HealthWallet mobile application, enrollment guides, COBRA administration and claims management.
2. Plans exclude out-of-network services and cover only the services listed above and on the Preventive Care Benefits page.
3. Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.
4. Prescription Drug Benefits are subject to the formulary. 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 Reкуро Health. Members have unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video or messaging. It also connects members with a Therapist or Licensed Counselor through secure and private online video or phone sessions at a \$0 copay. Psychiatric services are available at an additional cost. 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).



Medical Benefits¹	VitalCare
Preventive / Wellness Services	Covered 100%
Primary Care	\$25 Copay
Specialist Visits	\$25 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drug Benefits²	Click for PureRx Formulary
Copay by Drug Tier	\$15 / \$30 / \$50 / \$75
Virtual Health Program³	Reкуро
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay
Discount Companion Card	
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card
Plan Documentation	SBC Plan Document
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General Information	Coverage Information	
Annual Deductible	\$1,500 Individual / \$3,000 Family	
Out-of-Pocket Maximum ¹	\$9,100 Individual / \$18,200 Family	
Physician & Diagnostic Benefits (Non-Hospital Based)	In-Network	Out-of-Network
Preventive / Wellness	Covered at 100%	40% Coinsurance after Deductible
Primary Care / Specialist Visits	\$15 Copay	40% Coinsurance after Deductible
Urgent Care	\$50 Copay	40% Coinsurance after Deductible
Laboratory Services / Radiology (X-ray, Ultrasound)	\$50 Copay	40% Coinsurance after Deductible
Advanced ImagingRBP (MRI, CT/PET scan) ² (limit 1 per year)	\$350 Copay	
Radiology / Advanced Imaging ² (Medmo) ³ (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing) ⁴	Coverage Information	
Outpatient Surgery ² (limit 1 per year)	30% Coinsurance after Deductible	
Inpatient Hospitalization & Surgery ² (limit 5 days & 2 surgeries per year)	30% Coinsurance after Deductible	
Emergency Services (limit 1 per year)	\$500 Copay	
Additional Benefits	In-Network	Out-of-Network
AmbulanceRBP (Ground Only) (limit 1 per year)	\$500 Copay	
Physical / Speech / Occupational Therapy (limit 8 combined per year)	\$50 Copay	40% Coinsurance after Deductible
Chiropractic Services (limit 10 per year)	\$50 Copay	40% Coinsurance after Deductible
Home Health Care (limit 10 per year)	\$50 Copay	40% Coinsurance after Deductible
Inpatient Mental / Behavioral Health TreatmentRBP 2 (limit 5 days per year)	30% Coinsurance after Deductible	
Outpatient Substance Abuse Treatment ² (limit 8 days per year)	\$75 Copay	40% Coinsurance after Deductible
Inpatient Substance Abuse TreatmentRBP 2 (limit 5 days per year)	30% Coinsurance after Deductible	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	In-Network	Out-of-Network
Professional Services ²	\$350 Copay	40% Coinsurance after Deductible
Inpatient Facility ^{RBP 2}	30% Coinsurance after Deductible	
Prescription Drug Benefits ⁵	Click for PureRx Formulary	
Generic (Tier 1)	\$10 Copay	
Higher Tier Generics / Preferred / Non-Preferred Brand & Specialty	Discount Only	
Virtual Health Program ⁶	Recurro Health	
Unlimited Telehealth with Behavioral Health	\$0 Copay	

Quick Links

[SBC](#) | [Plan Documents](#) | [Access Provider Lookup](#)

1. The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
 2. Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.
 3. Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
 4. RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
 5. Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/purex-base. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply. While excluded from the plan, specific prescription drugs, for example, GLP-1 drugs, may be available at 100% coinsurance (member responsibility); however, will not count toward the plan's deductible or out-of-pocket maximum. Prior authorization may be required for certain medications. The formulary is subject to change at any time without notice. Additional restrictions or limitations may apply.
 6. Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.



Notable Plan Exclusions – Not a Complete List

Abortion
Care related to or for the purpose of travel outside of the United States
Chemotherapy / Radiation Therapy
Cosmetic Surgery including cosmetic components of gender transition
Dental care or services related to the mouth, jaws, and teeth (oral surgery procedures, medical in nature)
Dialysis
Durable Medical Equipment / Prosthetics / Orthotics
Experimental / Investigational Treatments
Eye care and services related to vision care
Hospice Care and Skilled / Private Duty Nursing Care
Infertility Services / Family Planning
Nutritional Supplements / Vitamins (except as specified under preventive care)
Preferred Brand / Non-Preferred Brand / Specialty / Self-Injectable / GLP-1 Prescription Drugs
Transplant Services

This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Please refer to the plan administrator for additional plan information.

ACCESSING COVERAGE



The HealthWallet mobile app puts your coverage in the palm of your hands

- Scan the QR code to the right, or search "The HealthWallet" in your app store
- Download the HealthWallet mobile app
- Login in with your social security number and date of birth
- Access your ID card(s), benefit information, and ancillary vendor services

SCAN HERE



LOCATING A NETWORK PROVIDER



Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-454-5231 or visiting www.multiplan.com/sbmapa and following the instructions below.

1. Enter a provider name, specialty, or facility type in the search box, or choose one from the drop down
2. Enter your location information
3. Click "Search"

PRESCRIPTION DRUG BENEFITS



Present your medical ID card with your prescription to any of our 60,000+ retail pharmacies to fill your prescription. Additional information will be available on your ID card.

VIRTUAL HEALTH PROGRAM



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
 - Virtual access to a Therapist or Licensed Counselor by appointment between 7 am – 7 pm
- Access care via the HealthWallet mobile app or call 1-855-673-2876.

IMAGING COVERED 100%



- Call Medmo at (844) 248-2292 to share your imaging prescription information and availability.
- Medmo will find imaging centers to determine the best match for you
- Pre-authorization requirements apply.
- Simply show up for your appointment and Medmo will have a copy of the results available for both you and your physician.

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

- 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 influenzae 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/>

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Ancillary Plan Options





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Policy #: 010-58971

FUSION combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

- The member can use up to \$1,500 toward any covered dental expense.
- The member can use up to \$100 toward any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,500.

Dental Plan Benefits subject to FUSION plan design listed above

Networks: Classic & Plus

Type 1 Preventive No Waiting Period	100%	<ul style="list-style-type: none"> • Routine Exam (2 per Benefit Period) • Bitewing X-rays (1 per Benefit Period) • Cleaning (2 per Benefit Period) • Fluoride for Children 13 and under (1 per Benefit Period) • Sealants 13 and under (1 in 3 years permanent molars)
Type 2 Basic No Waiting Period	80%	<ul style="list-style-type: none"> • Simple Extractions • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Endodontics (surgical) • Periodontics (surgical)
Type 3 Major No Waiting Period	50%	<ul style="list-style-type: none"> • Surgical Extractions • Crowns (1 in 5 years per tooth) • Prosthodontics (Bridges, Dentures) (1 in 5 years) • Implants (1 in 5 years)

Deductible*

Type 1	0%
Type 2 and 3	\$50 per person, per calendar year
Family Maximum	When 3 family members satisfy their Deductible Amounts for this Calendar Year, no additional Deductibles will apply to any family members for the rest of this Calendar Year.

Benefit Year Maximum

Type 1, 2, and 3 (per person, per calendar year)	\$1,500
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Orthodontia Benefits (children under age 19)

12 month waiting period

Plan Benefit	50%
Lifetime Deductible	\$0
Lifetime Maximum (per person)	\$1,000

Claims Allowance

Type 1, 2 and 3	75th U&C
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In network allowance is discounted fee

BACK OFFICE STAFFING SOLUTIONS, LLC

Policy #: 010-58971



Vision Plan Benefits subject to FUSION plan design listed above

Allowances		Frequencies Based on date of service**	
Exam	Subject to Maximum	Exam	None
Lenses (per pair)		Lenses (per pair)	None
Single	Subject to Maximum	Exam	None
Bifocal	Subject to Maximum		
Trifocal	Subject to Maximum		
Lenticular	Subject to Maximum		
Progressive	Subject to Maximum	Maximum	\$100
Contacts		Deductibles (Lifetime deductible)	\$0
Elective/Medically Necessary	Subject to Maximum		
Frames	Subject to Maximum		

*Deductible applies to the first service received

**Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

Open Enrollment

If you do not elect to participate when initially eligible, you may elect to participate at the policyholder's next enrollment period, which normally coincides with the policy anniversary date.

Dental Rewards

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

Here's how it works. For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under \$750 you qualify to carry over \$250 in rewards to the following year. When your dental visit is to an Ameritas network provider, you earn an extra \$150 PPO Bonus. You may accumulate rewards up to the maximum amount of \$1000. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

LASIK Advantage

Your dental plan includes a feature called LASIK Advantage which provides benefits for LASIK and related procedures, including standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK).

As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

If you and/or your eligible dependents are late entrants as described above, you and/or your eligible dependents must wait 12 months from enrollment to be eligible for LASIK coverage; after 12 months the LASIK benefit starts at the year one amount.

The LASIK Advantage benefit is available to participants age 18 and older.

This benefit offers choice! Any specialist can be chosen, as there is no network tied to this coverage.

Lifetime Benefit Earned per Eye:	Year One	Year Two	Year Three	Year Four
	\$175	\$175	\$350	\$350

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Hearing Plan Benefits subject to FUSION plan design listed above

Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%

Deductible

Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0

Benefit Year Maximum

Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$100
Year Two	Up to \$300
Year Three	Up to \$400
Hearing Aid Maintenance	Up to \$40

Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you will be considered a Late Entrant. Late Entrants are eligible for only exams for the first 12 months they are covered.

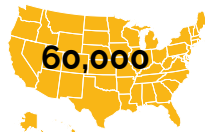
Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. No additional cost. Only savings.

Extra Value

Our plan members, their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

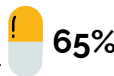


Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - <http://www.emsmed.com/vendors/pharmacy.aspx>
Look up a price - <http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



top quality frames for the entire family including today's most popular brands.



wide selection of lens options; all lenses come with scratch resistant coating for no additional charge.



safety eyewear.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

Customer Service

Customer Connections **800-487-5553** www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

BACK OFFICE STAFFING SOLUTIONS, LLC

Policy #: 010-58971

Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



The Ameritas Dental Network is one of the nation's largest

Network providers have agreed to charge **25-50% less** than their regular rates which can lower your out-of-pocket costs.

Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declining, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

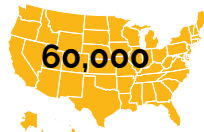
Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. No additional cost. Only savings.

Extra Value

Our plan members, their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

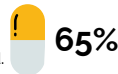


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Find a pharmacy near you - <http://www.emsmed.com/vendors/pharmacy.aspx>
Look up a price - <http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



top quality frames for the entire family including today's most popular brands.



wide selection of **lens options**; all lenses come with scratch resistant coating for no additional charge.



safety eyewear.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

Customer Service

Customer Connections **800-487-5553** www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

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Policy #: 010-58971

Vision Plan Benefits

	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$45
Single Vision Lenses	Covered in full	Up to \$30
Bifocal Lenses	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$65
Lenticular Lenses	Covered in full	Up to \$100
Progressive Lenses	See lens options	NA
Frames	\$130	\$70
Contacts (standard) fit & follow up exam	Member cost up to \$60	\$0
Contacts (elective)	Up to \$130	Up to \$105
Contacts (medically necessary)	Covered in full	Up to \$210

Deductible

Annual Eye Exam	\$10	\$10
Eyeglass Lenses or Frames	\$25	\$25

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/24
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Member cost for lens options (May vary by prescription, options chosen and retail location)

Progressive Lenses	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to Lined Bifocal allowance
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

BACK OFFICE STAFFING SOLUTIONS, LLC

Policy #: 010-58971

VSP Network

With access to the largest network of independent doctors, VSP members receive services at rates well below walk-in prices at more than 36,000 doctors nationwide. Find a provider at <https://www.vsp.com>

VSP offers the nation's largest network of independent doctors.

Retail chains accepting VSP include:



Browse and buy eyewear online with in-network benefits applied directly to your order.



86% of VSP doctors offer early morning or evening appointments and access to 24-hour emergency care



Get an extra \$20-\$40 to spend on select featured frame brands



No claim forms to complete when you see a VSP doctor



Online In-network Options

Eyeconic.com is in-network online eyewear store - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order. Eyeconic

FAQ:
<https://www.vsp.com/eyewear-question.htm>

Customer Service

Customer Connections **800-487-5553** www.vsp.com
Mon-Fri 5am-8pm, Sat 7am-8pm, Sun 7am-7pm (PST)

Late Entrant

Find More VSP exclusive member savings offers at <https://www.vsp.com/optical-discounts.html>

When you visit a VSP network provider you'll save:



20% off remaining frame balance



20% off non-covered complete prescription glasses and non-prescription sunglasses



15% off LASIK and PRK laser surgery retail price or 5% of promotion price



Find more savings at [vsp.com/specialoffers](https://www.vsp.com/specialoffers)

Laser Vision Surgery

Your vision plan provides an average discount of 15% on LASIK and PRK. Your maximum out-of-pocket per eye is \$1,800 for LASIK, \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP Provide must coordinate the procedure. Getting started is simple; just follow the steps at <https://www.vsp.com/lasik.html>

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Save on Prescription medications at 60,000 Pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just Present your Rx savings card. To access and print your Rx savings cards, visit ameritas.com, register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not insurance.

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