Back Office Staffing Solutions

boss.

HEALTH · DENTAL · VISION

2026 Enrollment Kit

Effective June 1, 2026 – May 31, 2027

Everything you need to review, compare, and enroll in your BOSS employee benefits.

www.backofficenow.com

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Welcome, BOSS Employee!

YOUR ELIGIBILITY

You are eligible for benefits on the **first of the month following 30 days of employment**. Enrollment must be completed **within your 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**.

HOW TO ENROLL — 9 QUICK STEPS

1

Visit
gowellenroll.com

2

Click
"Create Account"

3

Select
"Employee"

4

Enter your Company Code

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
— view plan details and costs for each option

9

Review, sign, and submit
your enrollment

Questions? Go Well is here to help.
Plans, enrollment, and coverage questions

866-346-9355
info@gowellbenefits.com

Insurance Plan Options & Weekly Rates

WEEKLY RATES EFFECTIVE 6/1/2026 · DEDUCTED FROM YOUR PAYCHECK

WellCare — MEC MEDICAL

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

VitalCare — MEC MEDICAL

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

MV 1500 — MAJOR MEDICAL

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

Ameritas Vision — VISION

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

Ameritas Fusion — DENTAL / VISION COMBINED

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

Choosing a medical plan? WellCare covers preventive care and virtual visits at the lowest cost. VitalCare adds copay-based primary, specialist, and urgent care. MV 1500 is the most comprehensive option, adding hospital, emergency, maternity, and additional benefits. Full details on the following pages.

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WellCare MEC

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

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. Prescription Drug Benefits are subject to the formulary; copay amounts listed are based on a unit quantity of 30 for a 30-day supply and pricing may vary based on quantity and supply. 3. Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members are responsible for the remaining balance after the network discount is applied; discounts vary based on provider contracts. Virtual Health Benefits are offered through Recuro Health with unlimited 24/7 access to virtual urgent care with board-certified doctors via phone, video, or messaging. The WellCare plan does not include Behavioral Health services. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA). Administered by Beni Solutions — **www.beni.solutions**.

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VitalCare MEC

Medical Benefits[1]	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 Benefits[2]	**Click for PureRx Formulary**
Copay by Drug Tier	$15 / $30 / $50 / $75
Virtual Health Program[3]	**Recuro**
24/7 Virtual Urgent Care	**$0 Copay**
Virtual Behavioral Health	**$0 Copay**
Discount Companion Card	**Included**
Dental, Vision, Durable Medical Equipment, Fitness, X-Rays, and more	Discount Card
Plan Documentation	**SBC | Plan Document**
Find a Provider	**Access Provider Lookup**

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. Prescription Drug Benefits are subject to the formulary; copay amounts listed are based on a unit quantity of 30 for a 30-day supply and pricing may vary based on quantity and supply. 3. Claims are repriced through the MultiPlan PHCS network. For services covered at a network discount, members are responsible for the remaining balance after the network discount is applied; discounts vary based on provider contracts. Virtual Health Benefits are offered through Recuro Health — unlimited 24/7 virtual urgent care with board-certified doctors, plus Therapist or Licensed Counselor sessions at a $0 copay; psychiatric services available at additional cost. This plan is a Qualified Health Plan that meets the standards of Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA). Administered by Beni Solutions — **www.beni.solutions**.

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MV 1500

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 Imaging[RBP] (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**
Ambulance[RBP] (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 Treatment[RBP 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 Treatment[RBP 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]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	**$0 Copay**	

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 benefits while minimizing costs. 4. RBP reimburses providers using a percentage of Medicare coverage as the reference point; this plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients are responsible for any remaining balance beyond the provider reimbursement amount. 5. Prescription drug benefits are subject to the formulary (www.sbmabenefits.com/purerx-base). Copays based on a unit quantity of 30 for a 30-day supply. Specific drugs (e.g., GLP-1s) may be available at 100% coinsurance (member responsibility) and will not count toward the deductible or out-of-pocket maximum; prior authorization may be required. The formulary is subject to change at any time. 6. Virtual mental/Behavioral Health services are available at no charge through Recuro Health; all other outpatient mental/Behavioral Health visits are covered at the specialist visit copay/coinsurance amount.

Exclusions & Plan Info

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 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.

USING YOUR COVERAGE

ACCESSING COVERAGE HEALTHWALLET

The HealthWallet mobile app puts your coverage in the palm of your hands. Search "The HealthWallet" in your app store and download the app. Log in with your social security number and date of birth to access your ID card(s), benefit information, and ancillary vendor services.

LOCATING A NETWORK PROVIDER MULTIPLAN / PHCS

Find the PHCS logo on your ID card and contact MultiPlan by calling **1-800-454-5231** or visiting **www.multiplan.com/sbmapa**. Enter a provider name, specialty, or facility type in the search box, enter your location, and click "Search."

PRESCRIPTION DRUG BENEFITS PURERX

Present your medical ID card with your prescription at 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

Recuro Health's Virtual Urgent Care and Virtual Behavioral Health provide **24/7 access to board-certified doctors** for urgent medical concerns and 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% MEDMO

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 — Medmo will have a copy of the results available for both you and your physician.

Preventive Care 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
- Immunizations for adults (doses, ages, and populations vary): Chickenpox, Diphtheria, Flu, Hepatitis A & B, HPV, Measles, Meningococcal, Mumps, Whooping Cough, Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 55 to 80 at high risk (heavy smokers or 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

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 50 and older, or as recommended for women 40 to 49 or at higher risk
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support, counseling, and supplies for pregnant and nursing women
- Birth control: FDA-approved contraceptive methods, sterilization procedures, and patient education/counseling as prescribed (not including abortifacient drugs; does not apply to plans sponsored by certain exempt “religious employers”)
- Cervical Cancer screening: Pap test 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 haven't been diagnosed with type 2 diabetes
- Domestic and interpersonal violence screening and counseling for all 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
- 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 Care 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; 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
- Immunizations for children from birth to age 18 (doses, ages, and populations vary): Chickenpox; Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A & B; HPV; Inactivated Poliovirus; Influenza; 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 healthcare.gov/coverage/preventive-care-benefits

Dental Plan Benefits

Ameritas FUSION · Back Office Staffing Solutions, LLC · Policy #: 010-58971 · Networks: Classic & Plus
FUSION combines dental and eye care benefits into one easy-to-administer plan with a combined annual maximum: up to **$1,500** toward any covered dental expense, up to **$100** toward any covered eye care expense, and total benefits paid between the two coverages will not exceed **$1,500**.

Coverage Tier	Coverage	Included Services
Type 1 · Preventive No Waiting Period	**100%**	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%**	Simple Extractions · Restorative Amalgams · Restorative Composites · Endodontics (nonsurgical & surgical) · Periodontics (nonsurgical & surgical)
Type 3 · Major No Waiting Period	**50%**	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 the Calendar Year, no additional Deductibles apply to any family members for the rest of that Calendar Year.
Benefit Year Maximum	
Type 1, 2, and 3 (per person, per calendar year)	**$1,500**

Orthodontia (children under 19 · 12-month wait)	
Plan Benefit	50%
Lifetime Deductible	$0
Lifetime Maximum (per person)	$1,000
Claims Allowance	
Type 1, 2 and 3	75th U&C *In-network allowance is discounted fee*

PROVIDER FLEXIBILITY

Visit any provider you choose — in- or out-of-network — and family members don't have to see the same dentist. The Ameritas Dental Network is one of the nation's largest; network providers have agreed to charge **25–50% less** than their regular rates, and there are no claim forms with in-network dentists. Find a network dentist at Ameritas.com.

LATE ENTRANT

Sign up when you're initially eligible. If you enroll after initially declining, you'll be considered a Late Entrant: benefits are not payable in the first 12 months except evaluations, cleanings, and fluoride application. After 12 months, you have access to all plan benefits.

Fusion Vision, Hearing & Extras

Vision Plan Benefits (Fusion plan design)	Allowance
Exam	Subject to Maximum
Lenses (per pair): Single, Bifocal, Trifocal, Lenticular, Progressive	Subject to Maximum
Contacts (Elective / Medically Necessary)	Subject to Maximum
Frames	Subject to Maximum
Benefit Maximum	**$100**
Lifetime Deductible	$0*
Frequencies (based on date of service)	None

Hearing Plan Benefits (Fusion plan design)	Coverage
Annual Hearing Exam ($0 deductible)	100% · up to $75
Hearing Aid Maintenance ($0 deductible)	100% · up to $40
Hearing Aid ($0 deductible, per ear)	50%
Hearing Aid Benefit Year Maximum (per ear)	Yr 1: $100 · Yr 2: $300 · Yr 3: $400

**Deductible applies to the first service received. Please submit claims within 90 days of the date of service so the plan can consider benefits (subject to State requirements). Hearing plan Late Entrants are eligible for only exams for the first 12 months of coverage.*

DENTAL REWARDS

Grow your annual maximum benefit over time. Each year you submit at least one dental claim and your total dental benefits paid are at or under **$750**, you carry over **$250** in rewards to the following year — plus an extra **$150 PPO Bonus** when your visit is to an Ameritas network provider. Accumulate rewards up to **$1,000**. If you don't submit a claim during the year, no rewards are earned and accumulated rewards reset to zero, but you can start qualifying again the very next year.

LASIK ADVANTAGE

Your dental plan includes LASIK Advantage, providing benefits for standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase, and PRK. You earn a lifetime LASIK benefit per eye over a four-year period, with the highest benefit in year four. Available to participants 18 and older; any specialist can be chosen — no network tied to this coverage. Late entrants must wait 12 months from enrollment; after 12 months the benefit starts at the year-one amount.

YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR
$175	**$175**	**$350**	**$350**

Lifetime benefit earned per eye.

RX SAVINGS — EXTRA VALUE

Members and covered dependents save on prescriptions at over **60,000 pharmacies** including CVS, Walgreens, Rite Aid and Walmart — up to **65% on generics** and ~40% average across brand and generic combined. Pharmacies apply your normal pharmacy benefit or this discount, whichever saves more. No additional cost; not insurance. Also save up to 10% on frames and lenses at any Walmart Vision Center, with 60-day satisfaction and 12-month replacement guarantees.

AMERITAS 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 a complete list of covered procedures, contact your benefits administrator.

Vision Plan Benefits

BACK OFFICE STAFFING SOLUTIONS, LLC · 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	

Member Cost for Lens Options (may vary by prescription, options & location)	VSP Choice Network	Out-of-Network
Progressive Lenses	Up to provider's contracted fee for lined Bifocal Lenses; patient pays the difference between the base lens and 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

VSP Network & Savings

VSP NETWORK

VSP offers the nation's largest network of independent doctors — members receive services at rates well below walk-in prices at more than **36,000 doctors nationwide**. Find a provider at **vsp.com**.

Retail chains accepting VSP: Costco, Visionworks, Walmart, and Sam's Club.

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, with no claim forms to complete when you see a VSP doctor.

WHEN YOU VISIT A VSP 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% off promotion price

Find more savings at vsp.com/specialoffers and exclusive member offers at **vsp.com/optical-discounts.html**.

ONLINE IN-NETWORK OPTIONS

Eyeconic.com is VSP's in-network online eyewear store — you won't pay full price now and wait for reimbursement later. Your vision benefits are applied directly to your online order. FAQ: vsp.com/eyewear-question.htm

LASER VISION SURGERY

Your vision plan provides an average discount of **15%** on LASIK and PRK. Maximum out-of-pocket per eye: **$1,800** for LASIK, **$2,300** for custom LASIK using Wavefront technology, and **$1,500** for PRK. A VSP Provider must coordinate the procedure — steps at **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** nationwide including CVS, Walgreens, Rite Aid and Walmart — just present your Rx savings card. To access and print your card, visit ameritas.com, register/sign in to your secure member account, and select member savings. Offered at no additional cost; not insurance.

VSP CUSTOMER SERVICE

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

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READY TO ENROLL?

Get started at **gowellenroll.com**

COMPANY CODE

BACK1

Remember: enrollment must be completed within your first 30 days of employment, and your enrollment isn't complete until you review, sign, and submit.

Questions? Call Go Well

866-346-9355 · info@gowellbenefits.com

www.backofficenow.com