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LEAD TOGETHER



# Enrollment Guide

## SELF-FUNDED

## MEDICAL & SUPPLEMENTAL BENEFITS

**Employer Name:** Associated Staffing, Inc.

**Plan Period:** 01/01/2024 - 12/31/2024

**Group Number:** C000927

Disponible en Español, favor de comunicarse; 1.844.657.1575



# WELCOME TO YOUR

## MEDICAL & SUPPLEMENTAL BENEFITS GUIDE

To ensure you and your family have access to quality health coverage solutions, your employer has chosen to offer an eligible employer-sponsored health plan made available through the Breckpoint platform.

Custom-designed around the unique health and wellness needs of its employees, your new benefits plan provides a variety of valuable coverage options.

You can choose to enroll in the plan or to decline coverage. To help you consider your options and make the best-informed decision, this guide provides an overview of the benefits being offered. Additional information about these benefits and a Summary of Benefits Coverage (SBC) can be found at [breckpoint.linked.exchange](https://breckpoint.linked.exchange). A paper copy of the SBC is also available, free of charge, by calling (toll-free) 1.844.657.1575. To file and check the status of your claim please visit our Claims Portal at [portal.breckpoint.com](https://portal.breckpoint.com) or by calling our customer service representative at 1.844.657.1575.

Visit the Breckpoint Benefit Coverage Tool at [breckpoint.com/benefits-bct.php](https://breckpoint.com/benefits-bct.php) to be informed of what services are covered and the copay if applicable, according to your plan.

**IMPORTANT:** *You may be required to make an election to enroll or decline coverage during your enrollment period. You may also be subject to a waiting period before your coverage can begin.*

### YOU HAVE 2 DIFFERENT WAYS YOU CAN MAKE YOUR ELECTIONS.

#### 1 GIVE US A CALL

Call our Information Center and one of our knowledgeable representatives will help you. Available Monday through Friday 7:00 am – 4:00 pm PST at 1.844.657.1575. Representantes que hablan inglés y español están disponible.

#### 2 SEE YOUR HR DEPARTMENT

Please contact your HR department for instructions on how to enroll into your benefits.



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# LIMITED-BENEFIT PLAN

Limited-Benefit plans are medical plans with more restricted benefits than major medical insurance, but with lower premiums.



## DO I USE THIS PLAN LIKE ANY INSURANCE?

Yes! You'll have a Member ID card that you'll use the same way you would with other plans. See the helpful tips below.



## WHAT IS OPEN ACCESS?

Breckpoint will not deny claims based on network participation. We will consider all claims for payment according to your plan specification. Your provider must agree to bill Breckpoint directly for services rendered.



## MAKING AN APPOINTMENT

### HAVE YOUR ID CARD READY!

It's important that you give your provider current insurance information. Your ID card will provide all the needed information required by a provider! Don't have one? Contact Member Services to receive a copy directly: 1-844-657-1575. (Mon-Fri 7am-4pm PST)

### WHAT DO I SAY TO MY PROVIDER?

*"I have a limited benefit plan with "Open Access". Breckpoint is my plan administrator, please contact them to verify my coverage at 1-844-657-1575."*



## STILL NEED HELP?

### WHAT IF MY PROVIDER SAYS THEY WILL NOT ACCEPT MY INSURANCE?

Please contact AXA's concierge service at **1-866-762-4455** or [mecsupport@valenzhealth.com](mailto:mecsupport@valenzhealth.com). AXA will provide assistance with contacting the provider as well as providing other providers who will accept your benefits.

## ALL YOUR HELPFUL CONTACTS ARE LISTED ON THE BACK OF YOUR ID CARD.

### MEMBER SERVICES:

Call this number if you have questions about your plan or need an ID card. Providers can call this number to verify your coverage before an appointment.

### PHARMACY HELPLINE:

You or your pharmacist can call this number and connect directly to your RX Discount program for assistance with your prescription needs. They can help you secure the best available discount.

### PROVIDER LOCATOR ASSISTANCE:

Call this number if you need help finding a new provider; they can give you a personal directory.

# COVERED SERVICES

## FOR ALL MEDICAL PLANS

### Preventative Health Services

#### FOR ADULTS

- Abdominal Aortic Aneurysm One-Time Screening (Men 65-75 who have ever smoked)
- Aspirin Use to Prevent Cardiovascular Disease
- Blood Pressure Screening
- Cholesterol Screening (Adults of certain ages or at a higher risk)
- Colorectal Cancer Screening (Adults over 45-75)
- Depression Screening
- Diabetes (Type 2) Screening
- Fall Prevention Intervention (Adults over 65 at a higher risk)
- Healthy Diet Counseling
- Hepatitis B Screening
- Hepatitis C Screening
- HIV Pre-Exposure Medication
- HIV Screening
- Immunization Vaccines
- Lung Cancer Screening (Adults 50-80)
- Obesity Screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling (Adults up to 24 years)
- Statin Preventative Medication (Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors)
- Syphilis screening
- Tobacco Use Screening and Counseling
- Tuberculosis Screening
- Unhealthy Alcohol & Drug Use Screening and Counseling
- Vitamin D Supplementation
- COVID-19 Testing (Swab Only) (One per plan year per member)

#### FOR WOMEN

- Bacteriuria Screening (Pregnant women)
- Breast Cancer Chemoprevention Counseling
- Breast Cancer Genetic Test Counseling (BRCA)
- Breast Cancer Mammography Screenings (Once a year for women over 40. Complex imaging not covered)
- Breast Cancer Preventative Medication
- Breastfeeding Support and Counseling
- Cervical Cancer Screening (Adults 21-65)
- Chlamydia Infection Screening
- Contraception (Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling)
- Domestic Violence Screening and Counseling
- Folic Acid Supplements
- Screening for Diabetes in Pregnancy (Women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes)
- Screening for Diabetes in Pregnancy
- Gonorrhea Screening
- Hepatitis B Screening
- HIV Screening
- Immunization Vaccines
- Osteoporosis Screening (Woman 65 year and older and postmenopausal women younger than 65 years at increased risk of osteoporosis)
- Perinatal Depression Screening
- Preeclampsia Screening & Preventative Medication
- Rh Incompatibility Screening
- Syphilis screening
- Tobacco Use Counseling
- Vitamin D Supplementation

#### FOR CHILDREN

- Major Depressive Disorder (MDD) Screening (Adolescents age 12-18)
- Fluoride Chemoprevention Supplements (Infants & children up to age 5 years)
- Gonorrhea Prophylactic Medication (Newborns)
- Hemoglobinopathies or Sickle Cell Screening (Newborns)
- HIV Screening
- Hypothyroidism Screening (Newborns)
- Immunization Vaccines
- Obesity Screening and Counseling
- Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum (Newborns)
- Phenylketonuria (PKU) Screening
- Prevention Skin Cancer Behavioral Counseling
- Sexually Transmitted Infections
- Tobacco Use Interventions
- Visual Acuity Screening (Children ages 3 to 5 years)

Please note this is not an exhaustive list of covered preventive services. For the most current, complete list please visit <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>

#### ACA COVERED MEDICATIONS

95 common medications included at no cost! Medications such as:

- Aspirin
- Bowel Preparation
- Breast Cancer Prevention
- Contraceptives
- Fluoride Supplements
- Folic Acid
- Statins
- Tobacco Cessation
- Vitamin Supplements
- See the full list at [breckpointrx.com](http://breckpointrx.com)



## MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

### THIS PLAN INCLUDES:

Minimum Essential Coverage	✓
Network	<b>AXA Open Access</b>
Out of Network Coverage	N/A
Individual Medical Deductible/Out-of-Pocket Limit	\$0/None
Family Medical Deductible/Out-of-Pocket Limit	\$0/None
Individual/Family Pharmacy Out-of-Pocket Limit	\$5,000/\$10,000
Preventive & Wellness Covered with no out-of-pocket expenses.	100%
Physician and Office Utilizations	Preventative Only
Primary Care Visit	Not Included
Specialist Visit	Not Included
Urgent Care Visit	Not Included
Maternity Pre/Post Natal	Not Included
Mental/Behavioral Health	Not Included
X-Rays & Lab	Preventative Only
Imaging	Preventative Only
Emergency Room	Not Included
Emergency Transport	Not Included
Outpatient/In-Patient Services Hospital Admission	Not Included
ACA Drug Formulary	Included
Enhanced Rx Discount Program (Powered by Shield PBM)	Included
Acute Drug Formulary (Shield PBM)	Included
Virtual Urgent Care (Powered by Walmart Health)	Included

### PLAN HIGHLIGHTS

- Covers preventive and wellness services at no cost including: Annual Wellness Exam, Immunizations, and STI Screenings.
- **This plan has an Open Network provided by AXA Assistance USA. Choose your own provider without the limitations of Network Restrictions.**
- No waiting periods.
- Enhanced Rx Program featuring deeply discounted medications. (Powered by Shield PBM, see additional plan features)
- Acute Drug Formulary includes 37 medications (Powered by Shield PBM, see additional plan features)
- Included 24/7 Virtual Urgent Care. (Powered by Walmart Health see additional plan features)

### PRICING

Employee Only

Employee +Child(ren)

Employee + Spouse

Employee + Family

\$50.00

\$76.00

\$78.00

\$104.00

# MEC PLAN BENEFIT SPECIFICATION

Plan Features	Network Care	Out-Of-Network Care
Primary Care Physician Selection	Not required	Not applicable
Deductible (per plan year)	\$0 Individual \$0 Family	Not applicable
Member Coinsurance (applies to all expenses unless otherwise stated)	0%	Not applicable
Medical Out-of-Pocket (OOP) Maximum (per plan year, includes deductible)	Not applicable	Not applicable
Pharmacy Out-of-Pocket (OOP) Maximum	\$5,000 Individual \$10,000 Family	Not applicable
<p>All covered expenses accumulate separately toward the network and out-of-network OOP limit. Pharmacy co-payment expenses apply towards the OOP limit. Only those OOP expenses resulting from the application of coinsurance percentage, deductibles, and co-pays may be used to satisfy the OOP maximum. Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.</p>		
Payment for Out-of-Network Care	Not applicable	Not applicable
Referral Requirement	Not required	Not applicable
Physician Services	Network Care	Out-Of-Network Care
Virtual Urgent Care Powered by Walmart Health	Included	Not applicable
Office Visits to Non-Specialist	Not covered	Not applicable
Specialist Office Visits	Not covered	Not applicable
Prenatal Maternity and Post-Partum Care (Office Visit)	Not covered	Not applicable
Maternity - Delivery	Not covered	Not applicable
Preventive Care	Network Care	Out-Of-Network Care
<p>Preventive care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.</p>		
<b>Routine Adult Physical Exams and Immunizations</b> Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included	Not applicable
<b>Well Child Exams and Immunizations</b> Limited to 1 exam every 12 months. Immunizations will be subject to age and developmentally appropriate frequency limitations determined by ACIP.	Included	Not applicable
<b>Routine Gynecological Exams</b> Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included	Not applicable
<b>Routine Mammograms</b> For covered females age 40 and over. Limited to 1 exam every 12 months. Complex imaging not covered.	Included	Not applicable
<b>Women's Health</b> Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.	Included	Not applicable
<b>Colorectal Cancer Screening</b> For all members age 45 and over. Limited to 1 exam every 12 months.	Included	Not applicable
<b>Routine Eye Exams (Refraction)</b> For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.	Included	Not applicable
<b>Voluntary Sterilization - Tubal Ligation</b> Covered as a preventive care service in accordance with Health Care Reform.	Included	Not applicable
<b>COVID-19 Testing</b> Swab only. Limited to 1 exam every 12 months.	Included	Not applicable
Diagnostic Procedures	Network Care	Out-Of-Network Care
Outpatient Diagnostic Laboratory	Not covered	Not applicable
Outpatient Diagnostic X-ray (except for complex imaging services)	Not covered	Not applicable
Outpatient Diagnostic X-ray for Complex Imaging Services (Including, but not limited to, MRI, MRA, PET, and CT Scans)	Not covered	Not applicable

# MEC PLAN BENEFIT SPECIFICATION

*continued*

Emergency Medical Care	Network Care	Out-Of-Network Care
Urgent Care Provider	Not covered	Not applicable
Emergency Room	Not covered	Not applicable
Emergency Ambulance	Not covered	Not applicable
Other Services and Plan Details	Network Care	Out-Of-Network Care
Hospital Care	Not covered	Not applicable
Mental Health and Alcohol/Drug Abuse Services	Not covered	Not applicable
Skilled Nursing Facility	Not covered	Not applicable
Therapy and Rehabilitation Services	Not covered	Not applicable
Durable Medical Equipment	Not covered	Not applicable
Mouth, Jaws, and Teeth Oral surgery procedures, medical in nature	Not covered	Not applicable
Family Planning	Not covered	Not applicable

**Pharmacy – Prescription Drug and Discount Benefits Powered by Shield PBM Access & Discounts Available**

**Retail (Up to a 30-day supply)**

Preventative Drugs	Included
Generic Drugs	Discounts Available
Preferred Brand Drugs	Discounts Available
Non-Preferred Brand Drugs	Discounts Available
Specialty Drugs (Up to a 30-day supply) Includes self-injectable, infused and oral specialty drugs, excludes insulin	International & prescription assistance options - call customer care for additional information

**Mail Order Delivery (for your refills for up to a 31-90 day supply)**

Generic Drugs	Discounts Available
Preferred Brand Drugs	Discounts Available
Non-Preferred Brand Drugs	Discounts Available

While this information is believed to be accurate as of the print date, it is subject to change. To receive full and up to date policy descriptions, please visit [breckpoint.linked.exchange](http://breckpoint.linked.exchange) to log into our member portal.

\*\*Utilization is the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis. Examples of Utilization are the number of office visits a person makes per year, the number of prescription drugs taken, or the number of testing a person receives by a provider.

Claims Portal: To register and view your claims status please go to [portal.breckpoint.com](http://portal.breckpoint.com)

**Pharmacy Plan includes:** Contraceptive drugs and devices obtainable from a pharmacy. Formulary generic FDA-approved women's contraceptives covered 100% in network. Not all drugs are covered.

**What's Not Covered:** This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; cosmetic surgery, including breast reduction; custodial care; dental care and x-rays; donor egg retrieval; experimental and investigational procedures; hearing aids; immunizations for travel or work; infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents; nonmedically necessary

services or supplies; orthotics; over-the-counter medications and supplies; reversal of sterilization; services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.

# MVP COMPLIANCE PLAN

## THIS PLAN INCLUDES:

Network	<b>AXA Open Access</b>	
Out of Network Coverage	N/A	
Individual Medical Deductible/Out-of-Pocket Limit	\$8,700/\$8,700	
Family Medical Deductible/Out-of-Pocket Limit	\$17,400/\$17,400	
Individual/Family Pharmacy Out-of-Pocket Limit	\$5,000/\$10,000	
Preventive & Wellness Covered with no out-of-pocket expenses.	100%	
Primary Care Visit	100% MAC* After Deductible  <i>*Subject to the maximum charge allowed ("MAC" or "Allowable Amount")</i>	
Specialist		
Urgent Care Visit		
Maternity Pre/Post Natal Office Visit		
Mental/Behavioral Health Office Visit		
X-Ray & Labs		
Emergency Room		
Emergency Transport		
Inpatient Services		
Outpatient Services		
Hospital Admission		
Rx Prescription Discount (Powered by Shield PBM)		Included
Virtual Urgent Care (Powered by Walmart Health)		Included

## PLAN HIGHLIGHTS

- Covers preventive and wellness services at no cost including: Annual Wellness Exam, Immunizations, and STI Screenings.
- **This plan has an Open Network provided by AXA Assistance USA. Choose your own provider without the limitations of Network Restrictions.**
- No waiting periods.
- No co-pays with 24/7 Virtual Care (Powered by Walmart Health, see additional plan features)
- Rx Benefits Included (Powered by Shield PBM, see additional plan features)
- Provides major medical coverage. Please contact our Member Service Department for additional details.

PRICING	Employee Only	Employee +Child(ren)	Employee + Spouse	Employee + Family
	\$525.00*	\$1,050.00*	Not Offered	Not Offered

\*Rate is subject to underwriting. A Healthcare Questionnaire must be submitted for review. Please call customer service before enrolling in this plan.



# MVP COMPLIANCE PLAN BENEFIT SPECIFICATION

Plan Features	Network Care	Out-Of-Network Care
Deductible (per plan year)	\$8,700 Individual \$17,400 Family	Not applicable
As indicated in the plan, member cost sharing for certain services are excluded from the charges to meet the deductible. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the plan year.		
Member Coinsurance (applies to all expenses unless otherwise stated)	0%	Not applicable
Out-of-Pocket (OOP) Maximum (per plan year, includes deductible)	\$8,700 Individual \$17,400 Family	Not applicable
All covered expenses accumulate separately toward the network and out-of-network OOP limit. Pharmacy co-payment expenses apply towards the OOP limit. Only those OOP expenses resulting from the application of coinsurance percentage, deductibles, and co-pays may be used to satisfy the OOP maximum. Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.		
Payment for Out-of-Network Care	Not applicable	Not applicable
Referral Requirement	Not required	Required for Hospital & Diagnostic Imaging
Physician Services	Network Care	Out-Of-Network Care
Virtual Urgent Care Powered by Walmart Health	Included	Not applicable
Office Visits to Non-Specialist	100% of MAC after deductible*	Not applicable
Specialist Office Visits	100% of MAC after deductible*	Not applicable
Prenatal Maternity and Post-Partum Care (Office Visit)	100% of MAC after deductible*	Not applicable
Mental Health & Alcohol/Drug Abuse Services (Office Visit)	100% of MAC after deductible*	Not applicable
Maternity - Delivery	100% of MAC after deductible*	Not applicable
Preventive Care	Network Care	Out-Of-Network Care
Preventive care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.		
<b>Routine Adult Physical Exams and Immunizations</b> Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included	Not applicable
<b>Well Child Exams and Immunizations</b> Limited to 1 exam every 12 months. Immunizations will be subject to age and developmentally appropriate frequency limitations determined by ACIP.	Included	Not applicable
<b>Routine Gynecological Exams</b> Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included	Not applicable
<b>Routine Mammograms</b> For covered females age 40 and over. Limited to 1 exam every 12 months. Complex imaging not covered.	Included	Not applicable
<b>Women's Health</b> Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.	Included	Not applicable
<b>Colorectal Cancer Screening</b> For all members age 45 and over. Limited to 1 exam every 12 months.	Included	Not applicable
<b>Routine Eye Exams (Refraction)</b> For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.	Included	Not applicable
<b>Voluntary Sterilization - Tubal Ligation</b> Covered as a preventive care service in accordance with Health Care Reform.	Included	Not applicable
<b>COVID-19 Testing</b> Swab only. Limited to 1 exam every 12 months.	Included	Not applicable

# MVP COMPLIANCE PLAN BENEFIT SPECIFICATION

*continued*

Non-Hospital Based Diagnostic Procedures	Network Care	Out-Of-Network Care
Outpatient Diagnostic Laboratory	100% of MAC after deductible*	Not applicable
Outpatient Diagnostic X-ray (except for complex imaging services)	100% of MAC after deductible*	Not applicable
Outpatient Diagnostic X-ray for Complex Imaging Services (Including, but not limited to, MRI, MRA, PET, and CT Scans)	100% of MAC after deductible*	Not applicable
Hospital Based Diagnostic Procedures	Network Care	Out-Of-Network Care
Diagnostic Laboratory	100% of MAC after deductible*	Not applicable
Diagnostic X-ray (except for complex imaging services)	100% of MAC after deductible*	Not applicable
Diagnostic X-ray for Complex Imaging Services (Including, but not limited to, MRI, MRA, PET, and CT Scans)	100% of MAC after deductible*	Not applicable
Emergency Medical Care	Network Care	Out-Of-Network Care
Urgent Care Provider	100% of MAC after deductible*	Not applicable
Emergency Room	100% of MAC after deductible*	Not applicable
Emergency Ambulance	100% of MAC after deductible*	Not applicable
Non-Emergency Ambulance	Not covered	Not applicable
Other Services and Plan Details	Network Care	Out-Of-Network Care
Hospital Care	100% of MAC after deductible*	Not applicable
Mental Health and Alcohol/Drug Abuse Services (other than office visit)	100% of MAC after deductible*	Not applicable
Skilled Nursing Facility Coverage is limited to 120 days per plan year	100% of MAC after deductible*	Not applicable
Therapy and Rehabilitation Services	100% of MAC after deductible*	Not applicable
Durable Medical Equipment	100% of MAC after deductible*	Not applicable
Mouth, Jaws, and Teeth Oral surgery procedures, medical in nature	100% of MAC after deductible*	Not applicable
Family Planning Covered only for the diagnosis and treatment of the underlying medical condition.	100% of MAC after deductible*	Not applicable
Pharmacy – Prescription Drug and Discount Benefits Powered by Shield PBM	Network Care	Out-Of-Network Care
<b>Retail (Up to a 30-day supply)</b>		
Generic Drugs	100% of MAC after deductible*	Not applicable
Preferred Brand Drugs	100% of MAC after deductible*	Not applicable
Non-Preferred Brand Drugs	100% of MAC after deductible*	Not applicable
Specialty Drugs (up to a 30 day supply) includes self-injectable, infused and oral specialty drugs, excludes insulin)	100% of MAC after deductible*	Not applicable
<b>Mail Order Delivery (for your refills for up to a 31-90 day supply)</b>		
Generic Drugs	100% of MAC after deductible*	Not applicable
Preferred Brand Drugs	100% of MAC after deductible*	Not applicable
Non-Preferred Brand Drugs	100% of MAC after deductible*	Not applicable

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**\*MAC or Allowable Amount:** Subject to Reference Based Pricing; member may be balance billed if provider does not accept 150% of Medicare allowable payment. This benefit utilizes open access with no network restrictions. MAC or Allowable Amount is used interchangeably to refer to the maximum charge allowed for all provider services. Please keep in mind that providers are not required to accept the Plan's Allowable Amount as payment in full and may balance bill you for the difference between the Plan's Allowable Amount and the provider's billed charges. You will be responsible for this balance bill amount, which may be considerable. You will also be responsible for charges for services, supplies, and procedures limited or excluded under the Plan, as well as any applicable deductibles, coinsurance, and/or co-payment amounts.

**Disclaimer:** This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.



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# DIRECT VIRTUAL URGENT CARE

powered by  **Virtual Care**

Sickness doesn't sleep. Get the care you need, when you need it, at no cost to you! With on-demand exams from Walmart Health, you, your spouse, and children can be treated 24/7 for routine health issues like:

- Cold, flu, sore throats, sinus infections
- Allergies, itchy eyes, pink eye
- Nausea, vomiting, diarrhea
- UTIs, abdominal pain
- Skin infections, rashes
- Travel Medications
- Short-term prescription refills
- General advice and consultation

*Our medical team includes MDs, DOs, NPs & PAs (US-licensed, board-certified medical providers) who average over 16 years of experience. They can give you a personalized treatment plan and send prescriptions right to your pharmacy.*

## GET MEDICAL CARE DAY OR NIGHT

### 1

#### **SIGN IN TO WALMART HEALTH**

Access your Walmart Health account by downloading the app and entering your plan code:

**Visit:** [www.MeMD.me/app-store](http://www.MeMD.me/app-store) **Plan Code:** MQ967N4T

OR by visiting your Walmart Health website: [www.MeMD.me/group/breckpoint](http://www.MeMD.me/group/breckpoint)

### 2

#### **REQUEST AN EXAM**

For non-emergency health issues, you can request an exam using your phone, tablet, or computer.

### 3

#### **SPEAK WITH A PROVIDER AND GET TREATMENT**

Your Walmart Health provider will review your chart, ask questions, and recommend a treatment plan.

855.636.3669

[www.memd.me/chat](http://www.memd.me/chat)



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# ENHANCED RX PRESCRIPTION MEMBERSHIP

with Acute Drug Formulary

powered by SHIELD PBM

## THE EASIEST WAY TO SAVE ON YOUR MEDICATIONS

Enhanced Rx provides access to a full PBM discount network and additional access to savings online and through concierge service. Discount can also be used at the local pharmacy and include 95 ACA medications and 37 commonly prescribed medications included at no cost!

Visit [Breckpointrx.com](https://breckpointrx.com) to get started!

### 1. PAY BEFORE YOU GO



- Save up to 25% more BEFORE going to the pharmacy by pre-paying at [breckpointrx.com](https://breckpointrx.com).

### 2. MAIL ORDER



- Secure home delivery options online with up to 50% savings and enjoy auto-refill.

### 3. PRESENT YOUR RX CARD



- At any retail pharmacy and out of pocket cost is deeply discounted.

## NO COST ACUTE DRUG FORMULARY COVERS DRUGS LIKE

- Amoxicillin
- Atrovastatin
- Azithromycin (Z-pack)
- Bupropion
- Cholecalciferol
- Ciprofloxacin
- Hydrocortisone
- Junel
- Lovastatin
- Meclizine
- Naproxen
- Nonoxynol
- Prednisone
- Tamoxifen
- Tessalon
- Viorele
- and much more!

# ENROLLMENT FORM



breckpoint®

## A. REQUIRED EMPLOYEE INFORMATION Complete the Enrollment Form and return to your Human Resources Department.

Name:		Phone:	
Social Security #:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		Apt. #:	
City:	State:	Zip:	
Hire Date:		Employee ID:	

## B. MEDICAL BENEFIT PLAN SELECTION Payroll Deducted Rates - Please select the tier for each product in which you wish to enroll.

<input type="checkbox"/> MEC PLAN	MONTHLY COST	COMPLIANCE MVP	Please call 1.844.300.6497 to enroll.
<input type="checkbox"/> Employee Only	\$50.00		
<input type="checkbox"/> Employee + Child(ren)	\$76.00		
<input type="checkbox"/> Employee + Spouse	\$78.00		
<input type="checkbox"/> Employee + Family	\$104.00		

## C REQUIRED DEPENDENT INFORMATION

Name	Social Security #	Date of Birth	Sex	Relationship
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner

*Any changes made to the Enrollment Form will require the changes to be dated and initialed by employee.*

# ACKNOWLEDGEMENT & WAIVER FORM



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**D. REQUIRED SIGNATURE** You MUST sign and date to be enrolled in coverage

Election of Coverage: I have read and understand the coverage options I have elected. I understand completion of this enrollment form in no way implies I will be accepted for coverage. I understand coverage will take effect only if this enrollment form is approved by the plan sponsor and the plan has been properly funded, provided I meet any eligibility or coverage effective date requirements listed in the plan documents.

Accept coverage options as selected

Date:

Signature:

**E. REQUIRED SIGNATURE** You MUST sign and date if you wish to decline coverage.

Waiver of Coverage: I, the undersigned employee, understand and acknowledge that: I have been offered an opportunity by my Employer to enroll in affordable employer-sponsored health coverage that meets the minimum value standard set forth in the Patient Protection and Affordable Care Act (ACA) for the applicable period:

- I will not qualify for government credits and subsidies to purchase individual health insurance on a state or federal marketplace or exchange
- I may not cover dependents under the Employer's plan, and
- I may not be able to enroll in the Employer's plan until the next open enrollment, except in a qualified change in status or other limited circumstances.

Decline all coverage options

Date:

Signature:

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