



Texas Association for the  
Education of Young Children

# 2026 Plan Year Shared Services Alliance Employee Benefits Package



**THRIVE**  
WORKPLACE BENEFITS  
Dedicated to Development and Success



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**txaeyc**

Texas Association for the  
Education of Young Children

## **WELCOME TO TXAEOYC'S SHARED SERVICES ALLIANCE!**

### **Dear Shared Services Alliance Members,**

We want to sincerely thank you for being a valued member of our Shared Services Alliance. Our goal is to walk alongside you to offer services that build capacity, strengthen infrastructure support, and provide accessible benefits so you can focus on delivering high quality early learning programs.

At TXAEOYC we recognize that the work you do is vitally important and includes an ecosystem of team members who make the work possible. We are excited to share that Thrive Workplace Benefits is returning this year to provide comprehensive health benefits platform specifically designed to support your needs.

Our commitment is not only to equip you with this service, but to also grow and expand this our current offerings to meet the changing needs that are inevitable with early childhood education providers.

We know that Erica Sylvia and her team at Thrive will enthusiastically assist in helping you find the benefits offering that is aligned with your needs. Please don't hesitate to reach out to them, they are eager to support and answer any questions you may have. This team is skilled and aims to ease the burden with a transparent process and proactive customer service.

Thank you for your membership and commitment to early childhood education.

Sincerely,

**Pamela Benson Owens**

Interim Chief Executive Officer

Texas Association for the Education of Young Children



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Workplace Benefits  
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## MEET THE TEAM



**Erica Sylvia**

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Thrive Workplace Benefits is located in Orange County, servicing clients with a concierge approach both here in Southern California and nationally.

We take your business personally, representing you - not a product. The world of employee benefits is ever-changing, complicated, and often intimidating. But it doesn't need to be. We take pride in our honest, straightforward approach to benefits consultation, making sure you the client are prepared to make the right choices to meet your goals.

**To us, you are more than a client, you are family.**

# How The Program Works

So how does this program work for you and your employees?

Through your membership with the Shared Services Alliance you will have access to a custom association plan that caters to the needs of the early educators demographic. Working with TXAEYC as the plan sponsor we have been able to eliminate some of the barriers to entry faced by so many small business owners.

With the SSA plan you enjoy:

- **Reduced participation requirements!** Each location only needs a minimum of two employees to enroll in any combination of the medical plans offered. Part-time employees are eligible to participate, if the employer wishes to offer benefits to both full-time and part-time employees.
- Have access to Healthcare2U, MEC medical plans, MVP, dental, vision, and a suite of optional coverages.
- Will have your own custom enrollment and employee portal, backed by a team to handle the administrative lift.
- Can elect to make an optional employer contribution as a percentage or dollar amount.
- Will have a per-site invoice sent directly to you for payroll reconciliation.
- And for our ALEs (Applicable Large Employers), we are here to help you understand and navigate how this plan can help you satisfy penalties associated with mandatory health insurance coverages for your employees.

Most importantly, we are here to help. Our team looks forward to seeing if this program is a good fit for you and your valuable staff.

# 2026 Plan Year Rates

These are all connected to SBMA plan year rate.

	EMPLOYEE ONLY	EMPLOYEE SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
<b>Healthcare2U</b>	\$65.00	\$104.00	\$136.00	\$173.00
<b>KEYCARE MEC</b>	\$70.00	\$140.00	\$140.00	\$210.00
<b>FLEXCARE MEC</b>	\$114.00	\$228.00	\$228.00	\$342.00
<b>VITALCARE MEC</b>	\$144.00	\$228.00	\$228.00	\$432.00
<b>PREMIUM MV</b>	\$489.00	\$889.00	\$805.00	\$1209.00
<b>MAX MV</b>	\$619.00	\$1200.00	\$1060.00	\$1655.00
<b>DELTAPREV</b>	\$22.37	\$42.41	\$39.87	\$66.51
<b>DELTA1000</b>	\$44.04	\$88.41	\$83.06	\$133.94
<b>VSP vision</b>	\$9.95	\$19.90	\$20.90	\$34.85

Rates on this table are shown as the monthly rate.

# Online Enrollment With EASE

## Save Time and Deliver a Better Employee Experience

Tired of filling out confusing enrollment paperwork year after year? Think that there should be a better way? So do we. With Ease, employees enjoy a streamlined enrollment process. Ease has delivered a better experience to over 2 million employees. Take a look at how online enrollment helps businesses like yours.

### Without EASE

### With EASE

#### Step 1: Simplify Enrollment for Employees

**Employee:** Do you feel overwhelmed sifting through endless paperwork? Do you struggle with comparing plan details and estimating how much benefits will cost?

**Employee:** With EASE you simply Log in to your company's benefits account from your desktop or mobile device and can then browse the benefit plans you're eligible for, along with the cost per pay period!

#### Step 2: Benefit Elections Have Never Been Easier

**Employee:** If you are forced to sift through stacks of paperwork, do dread enrollment. Do you feel unsure if you've made good decisions or know what your total payroll deductions will be?

**Employee:** Employees can make better benefits decisions by easily comparing options, plan deductibles, SBCs, and actual costs per pay period—in less time than it takes to drink a cup of coffee! With this stress-free experience, they feel great about company benefits.

#### Step 3: Give Employees Easy Access Year-Round To Benefit Information

**Employee:** After enrollment are you feeling frustrated because you can't find the benefit information sheets or our flipbook, and you forgot what's covered with your plan or how to find a provider for your plan.

**Employee:** Employees can easily access benefits information year-round Via the EASE desktop or mobile app.

#### Step 4: Forgot your password

**Employee:** Are you worried you will forget your login or password for the Ease portal?

**Employee:** You can easily have one of our Thrive members reset your password or help you log in. Just send us an email, and we will help.

Scan the QR code below to view the EASE User Guide.



# Frequently Asked Questions



## 1 What is the difference between an MEC plan and an MV plan?

The terms minimum essential coverage and minimum value both stem from the ACA, and many people assume they have the same meaning, but that is incorrect. MEC's stand at the lower threshold only gives you access to basic health insurance coverage for acute services like primary care visits, specialist visits, urgent care, labs, x-rays, and prescription drugs. The MEC satisfies the ACA's individual mandate by meeting the requirements for large employers to avoid Penalty A penalties. MVP in healthcare stands for "Minimum Viable Plan." It is a basic yet functional and affordable version of a healthcare plan. The definition of minimum value (MV) states that the plan must cover at least 60% of the actuarial value of expenses that are allowed within any plan designed and offered to employees. The minimum value provision is used as the basic requirement that large employer plans must meet or exceed to avoid Penalty B penalties.

## 2 Who Needs MEC Plans?

Individuals in the United States are required to have minimum essential coverage unless they qualify for an exemption. MEC plans are ideal for anyone seeking health insurance that fulfills this legal requirement.

## 3 What Services are Covered Under MEC Plans

MEC plans cover a wide array of healthcare services, including preventive and wellness care, emergency services, prescription drugs, and mental health services. They ensure that policyholders have access to necessary medical treatments and procedures.

## 4 Are Preventive Services Really Free Under MEC Plans?

Preventive and wellness services like vaccinations, screenings, and counseling are free under MEC plans. These services are crucial for early detection and prevention of health issues, ensuring overall well-being.

## 5 Can I Customize MEC Plans According to My Needs?

MEC plans are standardized to cover essential services. While you can't customize them extensively, you can choose from different plan options with varying premiums, copays, and coverage levels to find one that suits your budget and needs.

## 6 I have health insurance through my spouse's employers plan, why would I want a MEC Plan?

It is a cost-effective way to receive care for preventive services and lower out of pocket expenses, plus it comes with some great no cost benefits like unlimited free mental health and telemedicine services.

## 7 If I enroll in Dental or Vision plan will it jeopardize my Market Place Health plan?

No, it will not. Your Market Place Health plan is a medical plan, it is not a vision or dental plan.

## 8 Can I Change Plans Mid-Year?

Typically, you can only change plans during the Open Enrollment Period, unless you experience a qualifying life event such as marriage, childbirth, or loss of other health coverage. These events allow you to enroll or modify your existing plans.

# Colonial Life

Colonial Life offers a range of valuable benefits to Shared Services Alliance members designed to enhance employee financial security and well-being.

These benefits include:

- **Employer-Sponsored Group Life Insurance:** Provides essential life insurance coverage at no direct cost to employees, helping support their families financially in case of an unexpected loss.
- **Voluntary Life Insurance:** Allows employees to purchase additional life insurance to customize coverage levels that best suit their needs.
- **Accident Insurance:** Covers a range of accident-related expenses, offering a financial safety net for unexpected injuries.
- **Hospital Indemnity Insurance:** Helps cover the out-of-pocket costs of hospital stays, easing the financial burden associated with hospitalization.
- **Short-Term Disability:** Provides income protection for employees who cannot work due to illness or injury, covering a portion of their regular earnings.

These benefits, available through Colonial Life, help Shared Services Alliance members enhance employee satisfaction and financial resilience by providing coverage tailored to meet diverse needs.

# Benefit Guide

## Medical Coverage

- **Healthcare2U:** A non-insurance healthcare alternative offering **direct primary care** without claims. Members access affordable primary care through the **Private Physician Network (PPN)™** with guidance through the healthcare system.
- **Keycare MEC:** This plan covers 100% of preventive and wellness services. It features \$25 copays for primary care visits and includes PureRx prescription drug benefits with tiered copays of \$15, \$30, \$50, or \$75. Additionally, it provides a Virtual Health program through Recuro Health, offering 24/7 virtual urgent care and virtual behavioral health at a \$0 copay
- **FlexCare MEC:** This plan covers 100% of preventive services and features a \$25 copay for primary care visits and a \$50 copay for urgent care. It provides network discounts for specialist visits, labs, and x-rays. It also includes PureRx prescription benefits and \$0 copay virtual health services (urgent care and behavioral health).
- **VitalCare MEC:** This more comprehensive plan covers preventive services at 100% and features \$25 copays for both primary care and specialist visits. It includes \$50 copays for urgent care, laboratory services, and x-rays. Members also have access to PureRx prescription benefits and \$0 copay virtual health programs.
- **Premium MV:** This plan is a comprehensive essential health coverage option designed for both everyday maintenance and significant medical events. It offers 100% coverage for preventive services and low-cost \$15 copays for primary care and specialist visits. For major needs, the plan includes coverage for hospitalizations, surgeries, and emergency services, while providing 24/7 virtual urgent care at no additional cost.
- **Max MV:** This plan is a robust essential health coverage option that provides extensive support for routine care, specialists, and significant medical events. Similar to the Premium plan, it features a \$0 annual deductible and covers preventive services at 100% in-network. This plan is a comprehensive choice for those seeking predictable copays for a wide range of services, including physical therapy, chiropractic care, and maternity benefits.

## ANCILLARY COVERAGE

- **Delta Preventive Dental:** Covers diagnostic and preventive services at **100%**, supporting basic oral health needs.
- **DELTA 1000 Dental:** Provides **100%** coverage for preventive services, **80%** for basic/restorative care, and **50%** for major services, with additional out-of-network options. There is no coverage for orthodontia.
- **VSP Vision:** Includes eye exams at a **\$10 copay**, lenses at a **\$25 copay**, and allowances for frames or contacts to promote eye health.
- **Colonial:** Offering a suite of insurance products. Including accident, disability, medical bridge, term and voluntary life insurance. Specific products available determined by group sizes 3-9 and groups 10+.

# Medical

## SBMA | Direct Primary Care Plus through Healthcare2U

### Plan Explanation

Healthcare2U is a non-insurance healthcare alternative that provides affordable access to direct primary care while eliminating claims. Through a Proprietary Private Physician Network (PPN)<sup>™</sup>, members are guided through the healthcare system via a unique patient-navigation platform.

SERVICE	Member Cost
Primary Care Physician Office Visit	\$10 per visit
Urgent Care Visit	\$25 per visit
Virtual DPC (24/7/365 access for minor illness/injury)	\$0 out-of-pocket
Chronic Disease Management (13 specific conditions)	\$10 per visit
Annual Physical (Includes CMP, CBC, TSH, and Lipid panel)	Included
PRESCRIPTION DRUG COVERAGE	
Generic (Tier 1)	\$10
Generic (Tier 2)	\$25
Preferred Brand (Tier 3)	\$50
Preferred Brand (Tier 4)	\$75
Chronic Disease Management	
Healthcare2U accepts and manages 13 chronic disease states for a \$10 visit fee. Covered conditions include	<ul style="list-style-type: none"> <li>• Anxiety &amp; Depression</li> <li>• Arthritis</li> <li>• Asthma &amp; COPD</li> <li>• Blood Pressure &amp; Hypertension</li> <li>• CHF</li> <li>• Diabetes</li> <li>• Fibromyalgia</li> <li>• GERD &amp; Gout</li> <li>• Thyroid</li> </ul>
Plan Information	
Plan Year	2026
Network Type	PPN
Member Website	www.healthc2u.com
Customer Service Phone Number	800-496-2805

**Note:** Healthcare2U is a healthcare membership and is not insurance. It does not satisfy ACA minimum essential coverage requirements. All unlimited services, including Virtual DPC and in-office visits, must be scheduled through the Patient Advocacy Line (PAL). For additional information, **click the name or scan the QR code.**

SCAN HERE



[Healthcare2U Benefits Summary](#)

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[Healthcare2U Mobile App](#)

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[Mobile App How to](#)



### Disclaimer:

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your original benefit summary document.

Medical Benefits	KeyCare
Preventive / Wellness	Covered 100%
Primary Care Visits	\$25 Copay
Prescription Drug Benefits	PureRx
Prescription Drugs	\$15 / \$30 / \$50 / \$75
Virtual Health Benefits	Reкуро Health
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay

<sup>1</sup> The KeyCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

<sup>2</sup> Prescription drug benefits are subject to the formulary drug list. To review the formulary, please visit [www.sbmabenefits.com/purerx-standard](http://www.sbmabenefits.com/purerx-standard). Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

<sup>3</sup> Reкуро Health's Virtual Care Program includes 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.

[Click Here or Scan the QR code to view your SBC](#)



### 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



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### LOCATING A NETWORK PROVIDER



Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-457-1309 or visiting [www.multiplan.com/sbmaspecificservices](http://www.multiplan.com/sbmaspecificservices) 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



Reкуро 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.

Medical Benefits	FlexCare
Preventive / Wellness	Covered 100%
Primary Care Visits	\$25 Copay
Specialist Visits	Network Discount
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	Network Discount
Prescription Drug Benefits	PureRx
Copay by Drug Tier	\$15 / \$30 / \$50 / \$75
Virtual Health Benefits	Recuro Health
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay

<sup>1</sup> The FlexCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

<sup>2</sup> Claims are repriced through the MultiPlan PHCS network. For services subject to the network discount, members will be responsible for paying the remaining balance after the network discount is applied. Discounts vary based on provider contracts.

<sup>3</sup> Prescription drug benefits are subject to the formulary drug list. To review the formulary, please visit [www.sbmabenefits.com/purerx-standard](http://www.sbmabenefits.com/purerx-standard). Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

<sup>4</sup> Recuro Health's Virtual Care Program includes 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.

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 Access care via the HealthWallet mobile app or call 1-855-673-2876.

Medical Benefits	VitalCare
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$25 Copay
Urgent Care	\$50 Copay
Laboratory Services / X-Rays	\$50 Copay
Prescription Drug Benefits	PureRx
Copay by Drug Tier	\$15 / \$30 / \$50 / \$75
Virtual Health Benefits	Recuro Health
24/7 Virtual Urgent Care	\$0 Copay
Virtual Behavioral Health	\$0 Copay

- <sup>1</sup> The VitalCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.
- <sup>2</sup> Prescription drug benefits are subject to the formulary drug list. To review the formulary, please visit [www.sbmabenefits.com/purerx-standard](http://www.sbmabenefits.com/purerx-standard). Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.
- <sup>3</sup> Recuro Health's Virtual Care Program includes 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.

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General Information	Coverage Information	
Annual Deductible	\$0	
Out-of-Pocket Maximum <sup>1</sup>	\$9,100 individual / \$18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	In-Network	Out-of-Network
Preventive / Wellness	Covered at 100%	40% Coinsurance
Primary Care / Specialist Visits	\$15 Copay	40% Coinsurance
Urgent Care	\$50 Copay	40% Coinsurance
Laboratory Services / Radiology (X-ray, Ultrasound)	\$50 Copay	40% Coinsurance
Advanced Imaging <sup>RBP</sup> (MRI, CT/PET scan) <sup>2</sup> (limit 2 per year)	\$350 Copay	
Radiology / Advanced Imaging <sup>2</sup> (Medmo) <sup>3</sup> (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing) <sup>4</sup>	Coverage Information	
Outpatient Surgery <sup>2</sup> (limit 1 per year)	\$350 Copay	
Inpatient Hospitalization & Surgery <sup>2</sup> (limit 7 days & 3 surgeries per year)	\$500 Copay per admission	
Emergency Services (limit 1 per year)	\$500 Copay	
Additional Benefits	In-Network	Out-of-Network
Ambulance <sup>RBP</sup> (Ground Only) (limit 1 per year)	\$500 Copay	
Physical / Speech / Occupational Therapy (limit 12 combined per year)	\$50 Copay	40% Coinsurance
Chiropractic Services (limit 10 per year)	\$50 Copay	40% Coinsurance
Home Health Care (limit 10 per year)	\$50 Copay	40% Coinsurance
Inpatient Mental / Behavioral Health Treatment <sup>RBP 2</sup> (limit 7 days per year)	\$500 Copay per admission	
Outpatient Substance Abuse Treatment <sup>2</sup> (limit 8 days per year)	\$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment <sup>RBP 2</sup> (limit 7 days per year)	\$500 Copay per admission	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	In-Network	Out-of-Network
Professional Services <sup>2</sup>	\$350 Copay	40% Coinsurance
Inpatient Facility <sup>RBP 2</sup>	\$500 Copay per admission	
Prescription Drug Benefits <sup>5</sup>	Coverage Information	
Generic (Tier 1) Higher Tier Generics / Preferred / Non-Preferred	\$10 Copay	
Brand & Specialty	Discount Only	
Virtual Health Program <sup>6</sup>	Reкуро Health	
Unlimited Telehealth with Behavioral Health	\$0 Copay	

<sup>1</sup>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.

<sup>2</sup>Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.

<sup>3</sup>Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.

<sup>4</sup>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.

<sup>5</sup>Prescription drug benefits are subject to the formulary. To review the formulary please visit [www.sbmabenefits.com/purerx-base](http://www.sbmabenefits.com/purerx-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 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.

<sup>6</sup>Virtual mental/behavioral health services are available at no charge through Reкуро 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

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.

[Click Here or Scan the QR code to view your SBC](#)



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Annual Deductible	\$0	
Out-of-Pocket Maximum <sup>1</sup>	\$9,100 individual / \$18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	In-Network	Out-of-Network
Preventive / Wellness Primary Care/	Covered at 100%	40% Coinsurance
Specialist Visits	\$15 Copay	40% Coinsurance
Urgent Care	\$50 Copay	40% Coinsurance
Laboratory Services / Radiology (X-ray, Ultrasound)	\$50 Copay	40% Coinsurance
Advanced Imaging <sup>RBP</sup> (MRI, CT/PET scan) <sup>2</sup> (limit 3 per year)	\$350 Copay	
Radiology / Advanced Imaging <sup>2</sup> (Medmo) <sup>3</sup> (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing) <sup>4</sup>	Coverage Information	
Outpatient Surgery <sup>2</sup> (limit 2 per year)	\$350 Copay	
Inpatient Hospitalization & Surgery <sup>2</sup> (limit 14 days & 4 surgeries per year)	\$500 Copay per admission	
Emergency Services (limit 1 per year)	\$500 Copay	
Additional Benefits	In-Network	Out-of-Network
Ambulance <sup>RBP</sup> (Ground Only) (limit 2 per year)	\$500 Copay	
Physical / Speech / Occupational Therapy (limit 12 combined per year)	\$50 Copay	40% Coinsurance
Chiropractic Services (limit 20 per year)	\$50 Copay	40% Coinsurance
Home Health Care (limit 20 per year)	\$50 Copay	40% Coinsurance
Inpatient Mental / Behavioral Health Treatment <sup>RBP<sup>2</sup></sup> (limit 14 days per year)	\$500 Copay per admission	
Outpatient Substance Abuse Treatment <sup>2</sup> (limit 12 days per year)	\$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment <sup>RBP<sup>2</sup></sup> (limit 14 days per year)	\$500 Copay per admission	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	In-Network	Out-of-Network
Professional Services	\$350 Copay	40% Coinsurance
Inpatient Facility <sup>RBP</sup>	\$500 Copay per admission	
Prescription Drug Benefits	PureRx	
Generics (Tier 1) / Generics (Tier 2) & Preferred Brand	\$10 Copay / \$50 Copay \$75	
Generics (Tier 3) & Non-Preferred Brand / Specialty	Copay / Discount Only	
Virtual Health Program	Recurro Health	
Unlimited Telehealth with Behavioral Health	\$0 Copay	

<sup>1</sup>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.

<sup>2</sup>Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.

<sup>3</sup>Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.

<sup>4</sup>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.

<sup>5</sup>Prescription drug benefits are subject to the formulary. To review the formulary please visit [www.sbmabenefits.com/purerx-base](http://www.sbmabenefits.com/purerx-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 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.

<sup>6</sup>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

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)
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.

[Click Here or Scan the QR code to view your SBC](#)



### 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 vender 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](http://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.

# Additional Information for Medical Plans

To view the full document and detailed information, scan the QR code or click the name.

## Healthcare2U Mobile App



## Healthcare2U Mobile App How To



## HealthWallet



## Telemedecine



## PureRx



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$22.37	\$42.41	\$39.87	\$66.51

Plan Information	Coverage Amount / Frequency
Annual Deductible	\$0
Annual Maximum Benefit	\$1,000 per insured person
Dental Services	Coverage Amount / Frequency
Exams / Cleanings (twice per year)	Covered 100% / 2 times per year
Bitewing X-Rays	Covered 100% / 1 time per year
Full mouth X-Rays	Covered 100% / 1 time every 5 years
Fluoride Treatments (for dependents up to age 19)	Covered 100% / 2 times per year with cleanings
Space Maintainers (for dependent children under age 14)	Covered 100% / 1 time per space
Basic Services (Fillings, Extractions & Root Canals)	Not covered
Major Services (Crowns, Dentures, Bridges & Implants)	Not covered
Oral Surgery & Orthodontic Services	Not Covered

This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

- **Cleanings covered 100%!**
- **Visit any dentist you want!**

### Locating a network dentist:

From the Delta Dental mobile app or [deltadentalct.com](http://deltadentalct.com)

1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"

For additional questions, call Delta Dental at **1.800.452.9310**.



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$44.04	\$88.41	\$83.06	\$133.94

Plan Information	In Network	Out of Network
Annual Deductible	\$50 individual / \$150 family	\$100 individual / \$300 family
Annual Maximum Benefit	\$1,000 per insured person	\$1,000 per insured person
Diagnostic & Preventive Services	In Network	Out of Network
Exams / Cleanings (twice per year) Bitewing X-Rays (once per year) Full mouth X-Rays (once every 5 years)	Covered 100% (deductible waived)	Covered 80% (deductible waived)
Basic Services	In Network	Out of Network
Fillings (once per tooth in 365 days) Extractions Root Canal (once per tooth per lifetime)	Covered 80% after deductible is met	Covered 50% after deductible is met
Major Services	In Network	Out of Network
Crowns (once per tooth every 5 years) Dentures (once every 5 years) Bridges (once every 5 years) Implants (once every 5 years)	Covered 50% after deductible is met	Covered 50% after deductible is met
Orthodontic Services	Not Covered	Not Covered

This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions will be in the group policy issued by Delta Dental.

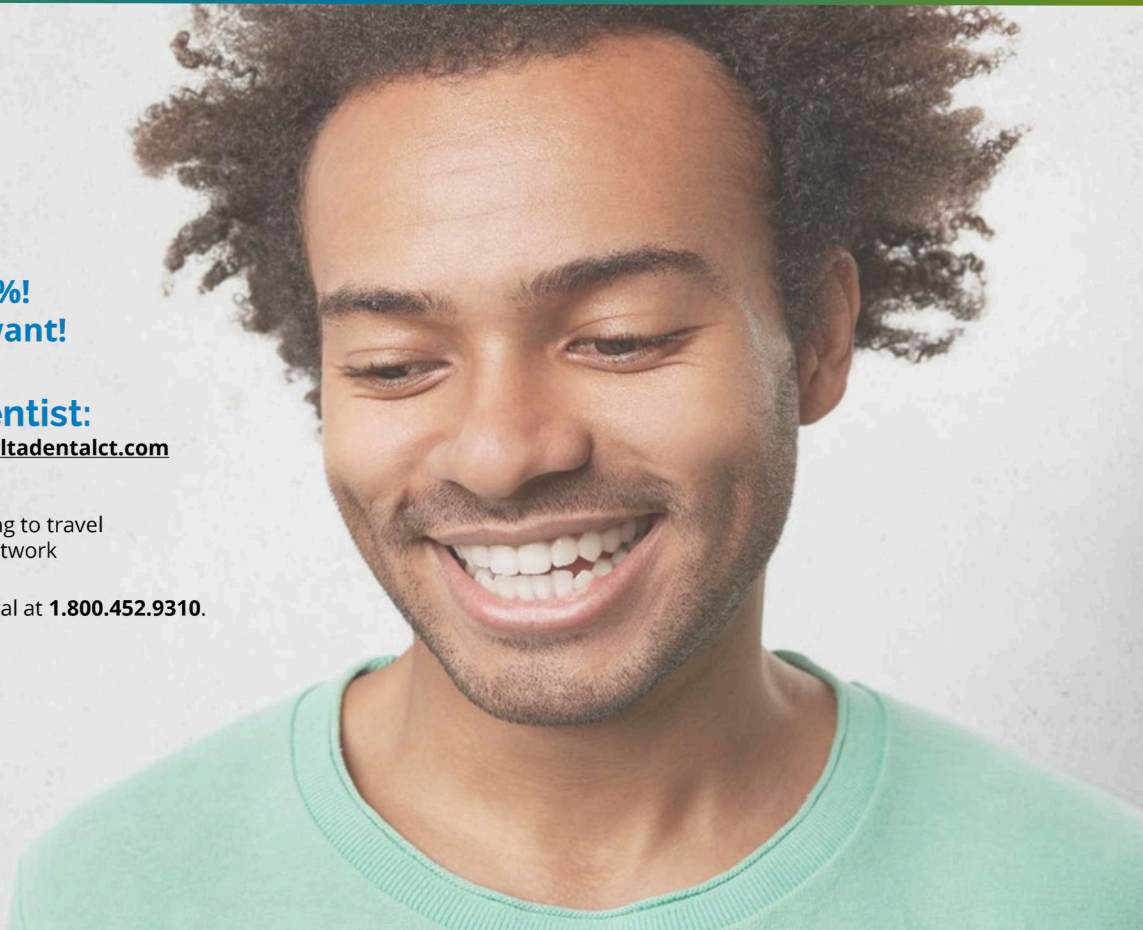
- **Cleanings covered 100%!**
- **Visit any dentist you want!**

### Locating a network dentist:

From the Delta Dental mobile app or [deltadentalct.com](http://deltadentalct.com)

1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"

For additional questions, call Delta Dental at **1.800.452.9310**.



Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$9.95	\$19.90	\$20.90	\$34.85

Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	\$45 allowance	Once every 12 months
<b>Eyeglass Frames</b>	<b>In Network</b>	<b>Out of Network</b>	<b>Frequency</b>
One pair of eyeglass frames	\$130 allowance (\$70 allowance at Walmart / Costco)	\$70 allowance	Once every 24 months
<b>Eyeglass Lenses (instead of contacts)</b>	<b>In Network</b>	<b>Out of Network</b>	<b>Frequency</b>
Single	\$25 copay	\$30 allowance	Once every 12 months
Bifocal	\$25 copay	\$50 allowance	Once every 12 months
Trifocal	\$25 copay	\$65 allowance	Once every 12 months
<b>Contact Lenses (instead of glasses)</b>	<b>In Network</b>	<b>Out of Network</b>	<b>Frequency</b>
Contact Fitting & Evaluation	Maximum \$60 copay	Applied to contact lens allowance	Once every 12 months
Elective disposable	\$130 allowance	\$105 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100% after copay	\$210 allowance	Once every 12 months

This overview contains a general description of your vision care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, Inc., which governs the benefits and operation of your program. Please contact your SBMA representative for additional information.

## USING YOUR COVERAGE

As a VSP member, you have access to [vsp.com](https://www.vsp.com) and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Download the VSP Vision Care App from the Apple or Google Play stores and get instant access to your benefit coverage, member ID card, exclusive member extras like savings on additional eyewear, laser vision correction, and more.

For additional information, you may also call [1.800.877.7195](tel:18008777195).



Colonial Life is pleased to offer the following product and underwriting guidelines to individual employer members of TXAEYC. These approved underwriting guidelines will apply to all eligible employees that are actively at work for the employer members. For member employers with 3 – 9 actively working eligible employees.

**Individual Accident 4000:**

- Guaranteed Issue (GI) for base accident coverage with no participation requirement.
- 12/12 pre-existing condition limitation exclusion will apply to the sickness hospital confinement and critical illness riders, if offered.

**Individual Disability 3000:**

- Guaranteed Issue (GI) available up to 60% of income to \$4,000 maximum benefit, for benefit periods up to 12 months.
- Risk rating assigned based on industry.
- 3, 6, and/or 12-month benefit periods are available. 7/7, 14/14, and/or 30/30 elimination periods are available.
- 10% participation is expected after the initial year.
- 12/12 pre-existing condition limitation exclusion will apply.

**Individual Medical Bridge 7000:**

- Guaranteed Issue (GI) available waiving participation for the first year, requires the greater of 5 hospital confinement applications or 10% participation by the end of the second annual open enrollment to continue GI.
- GI available on plan 1, 2 or 3 to a maximum hospital confinement level of 3 (\$1,500).
- GI available for \$100 Observation Room, \$100 Rehabilitation Unit; with optional \$50 health screening, \$100 Daily Confinement and Medical Treatment Package riders.
- 12/12 pre-existing conditions limitation must still be satisfied.

**Individual Term Life 5000**

- 10-year, 15-year, 20-year, or 30-year level term coverage available: \$10,000 to unlimited, based on standard underwriting.
- Coverage is portable at same rates.
- Children's Term Rider is available as Guaranteed Issue up to \$20,000.
- Spouse Term, Accidental Death Benefit, Chronic Care Accelerated Death Benefit, and Waiver of Premium Benefit riders are available with standard underwriting.

**For more detailed information:**

**Sarah Knapp**

✉ Sarah.Knapp@ColonialLifeSales.com

☎ 949-463-8383

**John Evangelista**

✉ John.Evangelista@ColonialLifeSales.com

☎ 714-308-0669

# 2025-2026 Colonial Rates

## COLONIAL LIFE GROUP SIZE - 3-9 EMPLOYEES

### INDIVIDUAL ACCIDENT (IAC4000)

ISSUE AGE	NAME INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
0-80	\$17.15	\$26.05	\$28.59	\$37.17

Guaranteed Issue (GI) for base accident coverage with no participation requirement.  
12/12 pre-existing condition limitation exclusion will apply to the sickness hospital confinement riders, if offered.

### INDIVIDUAL DISABILITY - ISTD3000

#### 3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*	\$2,500*
7 days Accident 7 days Sickness	17-49	\$17.75	\$35.50	\$53.25	\$71.00	\$88.75
	50-64	\$20.45	\$40.90	\$61.35	\$81.80	\$102.25
	65-74	\$24.75	\$49.50	\$74.25	\$99.00	\$123.75
14 days Accident 14 days Sickness	17-49	\$11.85	\$23.70	\$35.55	\$47.40	\$59.25
	50-64	\$14.45	\$28.90	\$43.35	\$57.80	\$72.25
	65-74	\$18.05	\$36.10	\$54.15	\$72.20	\$90.25

#### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*	\$2,500*
7 days Accident 7 days Sickness	17-49	\$17.75	\$35.50	\$53.25	\$71.00	\$88.75
	50-64	\$20.45	\$40.90	\$61.35	\$81.80	\$102.25
	65-74	\$24.75	\$49.50	\$74.25	\$99.00	\$123.75
14 days Accident 14 days Sickness	17-49	\$11.85	\$23.70	\$35.55	\$47.40	\$59.25
	50-64	\$14.45	\$28.90	\$43.35	\$57.80	\$72.25
	65-74	\$18.05	\$36.10	\$54.15	\$72.20	\$90.25
30days Accident 30days Sickness	17-49	\$21.10	\$31.65	\$42.20	\$42.20	\$52.75
	50-64	\$31.90	\$47.85	\$63.80	\$63.80	\$79.75
	65-74	\$40.60	\$60.90	\$81.20	\$81.20	\$101.50

#### 12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*	\$2,500*
7 days Accident 7 days Sickness	17-49	\$30.70	\$61.40	\$92.10	\$122.80	\$153.50
	50-64	\$38.85	\$77.70	\$116.55	\$155.40	\$194.25
	65-74	\$62.15	\$124.30	\$186.45	\$248.60	\$310.75
14 days Accident 14 days Sickness	17-49	\$22.85	\$45.70	\$68.55	\$91.40	\$114.25
	50-64	\$30.45	\$60.90	\$91.35	\$121.80	\$152.25
	65-74	\$48.70	\$97.40	\$146.10	\$194.80	\$243.50
30days Accident 30days Sickness	17-49	\$16.30	\$32.60	\$48.90	\$65.20	\$81.50
	50-64	\$22.85	\$45.70	\$68.55	\$91.40	\$114.25
	65-74	\$34.25	\$68.50	\$102.75	\$137.00	\$171.25

Guaranteed Issue (GI) available up to 60% of income to \$4,000 maximum benefit, for benefit periods up to 12 months.  
Risk rating assigned based on industry.  
3, 6, and/or 12-month benefit periods are available. 7/7, 14/14, and/or 30/30 elimination periods are available.  
10% participation is expected after the initial year.  
12/12 pre-existing condition limitation exclusion will apply.

# 2025–2026 Colonial Rates

## COLONIAL LIFE GROUP SIZE - 3-9 EMPLOYEES

### INDIVIDUAL MEDICAL BRIDGE 7000

ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
<b>17-49</b>	\$38.45	\$72.95	\$54.65	\$89.15
<b>50-59</b>	\$53.25	\$101.25	\$69.45	\$117.45
<b>60-64</b>	\$73.90	\$140.40	\$90.10	\$156.60
<b>65-75</b>	\$97.90	\$185.90	\$114.10	\$202.10

Guaranteed Issue (GI) available waiving participation for the first year, requires the greater of 5 hospital confinement applications or 10% participation by the end of the second annual open enrollment to continue GI.

GI available on plan 1, 2 or 3 to a maximum hospital confinement level of 3 (\$1,500).

GI available for \$100 Observation Room, \$100 Rehabilitation Unit; with optional \$50 health screening, \$100 Daily Confinement and Medical Treatment Package riders. 12/12 pre-existing conditions limitation must still be satisfied.

### INDIVIDUAL TERM LIFE 5000

[Link to Rates tables](#)

10-year, 15-year, 20-year, or 30-year level term coverage available: \$10,000 to unlimited, based on standard underwriting.

Coverage is portable at same rates.

Children's Term Rider is available as Guaranteed Issue up to \$20,000.

Spouse Term, Accidental Death Benefit, Chronic Care Accelerated Death Benefit, and Waiver of Premium Benefit riders are available with standard underwriting.

Colonial Life is pleased to offer the following product and underwriting guidelines to individual employer members of TXAEYC. These approved underwriting guidelines will apply to all eligible employees that are actively at work for the employer members. For member employers with 10 or more actively working eligible employees.

### **Group Accident**

- Guaranteed Issue (GI) available for all base accident plans and riders.
- Participation is waived with the expectation that you will achieve one application during the initial enrollment.

### **Group Medical Bridge 7000**

- Guaranteed Issue (GI) is available to all employee and family coverage plans up to a \$2,000 maximum hospital confinement, \$100 Daily Hospital Confinement, and \$500/\$1,000 Outpatient Surgical Procedure benefits. 10% participation is expected after the initial year.

### **Group Disability**

- Risk rating assigned based on industry.
- Guaranteed Issue (GI) available up to 60% of income to \$4,000 maximum benefit, for benefit periods up to 12 months, but you must use a 14/14 elimination period for any face amount over \$3,000.
- 3, 6, and/or 12-month benefit periods are available. 7/7, 14/14, and/or 30/30 elimination periods are available.
- 10% participation is expected after the initial year.
- 12/12 pre-existing condition limitation exclusion will apply.

### **Basic Group Term Life**

- Guaranteed Issue (GI) is available to all employees up to \$10,000 benefit amount.
- Two (2)-year rate guarantee available.


### **Voluntary Group Term Life**

- Guaranteed Issue (GI) is available during initial enrollment. New hires will have GI during subsequent enrollments with 10% participation.
  - o 75,000 for employees
  - o 25,000 for spouse
  - o 10,000 for dependents
- Amounts above guaranteed issue, up to 500,000 with maximum of five times salary are available with evidence of insurability.
- Two (2)-year rate guarantee available.

## **For more detailed information:**


### **Sarah Knapp**

 Sarah.Knapp@ColonialLifeSales.com

 949-463-8383

### **John Evangelista**

 John.Evangelista@ColonialLifeSales.com

 714-308-0669

# 2025-2026 Colonial Rates

## COLONIAL LIFE GROUP SIZE - 10+ EMPLOYEES Group Accident

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
<b>Monthly Rates</b>	\$9.22	\$13.99	\$18.20	\$23.14

Guaranteed Issue (GI) available for all base accident plans and riders.  
Participation is waived with the expectation that you will achieve one application during the initial enrollment.

## Group Disability

### 3 Month Benefit Period

ISSUE AGE	7/7	14/14
17-49	\$3.51	\$2.38
50-64	\$4.04	\$2.83
65-74	\$4.89	\$3.62

### 6 Month Benefit Period

ISSUE AGE	7/7	14/14	30/30
17-49	\$4.41	\$3.28	\$2.12
50-64	\$5.80	\$4.14	\$3.20
65-74	\$7.54	\$5.52	\$4.08

### 12 Month Benefit Period

ISSUE AGE	7/7	14/14	30/30
17-49	\$5.85	\$4.35	\$3.10
50-64	\$7.40	\$5.80	\$4.35
65-74	\$11.84	\$9.28	\$6.52

Guaranteed Issue (GI) available for all base accident plans and riders.  
Participation is waived with the expectation that you will achieve one application during the initial enrollment.

# Group Medical Bridge 7000

	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	FAMILY
17+	\$34.05	\$74.90	\$49.15	\$90.00

Guaranteed Issue (GI) is available to all employee and family coverage plans up to a \$2,000 maximum hospital confinement, \$100 Daily Hospital Confinement, and \$500/\$1,000 Outpatient Surgical Procedure benefits. 10% participation is expected after the initial year.

## Basic Group Term Life

Guaranteed Issue (GI) is available to all employees up to \$10,000 benefit amount. Two (2)-year rate guarantee available.

## Voluntary Group Term Life

Age-band	Employee		Spouse		Dependent Children
	Uni-tobacco		Uni-tobacco		Unit
0-24	0.045		0.052		0.309
25-29	0.047		0.059		0.309*
30-34	0.062		0.081		*Dependent children coverage is available up to age 26.
35-39	0.088		0.118		
40-44	0.132		0.178		
45-49	0.207		0.277		
50-54	0.308		0.410		
55-59	0.456		0.602		
60-64	0.636		0.828		
65-69	0.903		1.185		
70-74	1.708		2.241		
75+	5.279		6.927		

Guaranteed Issue (GI) is available during initial enrollment. New hires will have GI during subsequent enrollments with 10% participation.

- 75,000 for employees
- 25,000 for spouse
- 10,000 for dependents

Amounts above guaranteed issue, up to 500,000 with maximum of five times salary are available with evidence of insurability. Two (2)-year rate guarantee available.

# Disclaimer

Click on the name or scan the QR code to access the disclaimer.

[Individual Term Life \(ITL5000\)](#)



[Individual Accident \(IAC4000\)](#)



[Individual Disability \(ISTD3000\)](#)



[Individual Medical Bridge \(IMB7000\)](#)



[Group Medical Bridge \(GMB 7000\)](#)



[Group Accident \(GAC4000\)](#)



[Group Term Life \(GTL\)](#)



[Group Disability \(GDIS\)](#)









# Benefits Summary

This benefits overview provides quick access to detailed information. Each benefit includes a QR code and a clickable name, allowing you to view the full benefit summary document.

## Categories:

### Medical Coverage Plans:

-  [Healthcare2U](#)
-  [KEYCARE MEC](#)
-  [FLEXCARE MEC](#)
-  [VITALCARE MEC](#)
-  [Premium MV](#)
-  [Max MV](#)





### Dental Coverage Plans:

-  [DELTAPREV](#)
-  [DELTA1000](#)

### Vision Coverage Plans:

-  [VSP Vision](#)

### Colonial Life Insurance (3-9 Employees):

-  [Individual Accident 4000](#)
-  [Individual Disability - ISTD3000](#)
-  [Individual Medical Bridge 7000](#)
-  [Individual Term Life 5000](#)

### Colonial Life Insurance (10+ Employees)

-  [Group Accident](#)
-  [Group Disability](#)
-  [Group Medical Bridge 7000](#)
-  [Basic Group Term Life](#)
-  [Voluntary Group Term Life](#)


This Benefit Booklet  
Presented by

# THRIVE

Workplace Benefits



To us, you are  
more than a  
client, you are  
family.

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