BENEFITS GUIDE · PLAN YEAR 2026-2027

MEC, Dental & Vision Benefit Guide

Everything you need to understand, access, and get the most out of your Indie Healthcare coverage — medical, dental, vision, and the extras that come with it.

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Talk to Us

ACA COMPLIANT · MINIMUM ESSENTIAL COVERAGE

KeyCare MEC

MEDICAL BENEFITS	
Wellness and Preventive	**Covered at 100%**
Primary Care Visits	**$25 Copay**
RX BENEFITS	
Copay Level by Tier	**$15 / $30 / $50 / $75**

VIRTUAL HEALTH BENEFITS	
Telemedicine	**$0 Copay**
Virtual Behavioral Health	**$0 Copay**
MEC COMPANION DISCOUNT CARD	
Dental	**Included**
Vision	**Included**
Durable Medical Equipment	**Included**
Diabetic Supplies	**Included**
Fitness	**Included**
X-Rays	**Included**

Access Your Plan

Accessing Coverage

The HealthWallet mobile app puts your coverage in the palm of your hand.

- Search "HealthWallet" in your app store
- Log in with your SSN and date of birth
- Access ID cards & benefit info

Provider Lookup

1. Visit multiplan.com/sbmaspecificservices
2. Enter provider type (Primary Care, OB-GYN, Lab, etc.)
3. Enter zip code and search your directory

PHCS Specific Services

Virtual Health

Recuro Health's Virtual Urgent Care & Behavioral Health provide 24/7 access to board-certified doctors and licensed counselors.

Access via the HealthWallet app or call 1-855-6RECURO.

Present your medical card with your prescription at any of our 60,000+ retail pharmacies (PureRx). Additional information is provided on your medical ID card.

ACA COMPLIANT · MINIMUM ESSENTIAL COVERAGE

VitalCare MEC

MEDICAL BENEFITS	
Wellness and Preventive	**Covered at 100%**
Primary Care Visits	**$25 Copay**
Specialist Visits	**$25 Copay**
Urgent Care Visits	**$50 Copay**
Laboratory Services	**$50 Copay**
X-Rays	**$50 Copay**
RX BENEFITS	
Copay Level by Tier	**$15 / $30 / $50 / $75**
VIRTUAL HEALTH BENEFITS	
Telemedicine	**$0 Copay**
Virtual Behavioral Health	**$0 Copay**

	MEC COMPANION DISCOUNT CARD
Dental	**Included**
Vision	**Included**
Durable Medical Equipment	**Included**
Diabetic Supplies	**Included**
Fitness	**Included**
X-Rays	**Included**

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PREVENTIVE CARE · COVERED AT 100%

Wellness & Preventive Services

A full list of preventive benefits covered at no cost under your plan — for adults, women, and children.

FOR ADULTS

- Abdominal Aortic Aneurysm one-time screening for men who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use for cardiovascular & colorectal risk, ages 50–59
- Blood pressure screening
- Cholesterol screening for adults at higher risk
- Colorectal cancer screening, ages 45–75
- Depression screening
- Diabetes (Type 2) screening for overweight adults 40–70
- Diet counseling for adults at higher risk
- Falls prevention for adults 65+ in community settings
- Hepatitis B & C screening for higher-risk adults
- HIV screening, ages 15–65 and other higher-risk ages
- PrEP HIV prevention medication for high-risk adults
- Immunizations for adults (varicella, flu, HPV, shingles, etc.)
- Lung cancer screening for high-risk adults 55–80
- Obesity screening and counseling
- STI prevention counseling for higher-risk adults
- Statin preventive medication, ages 40–75 at high risk
- Syphilis & tobacco use screening for all adults
- Tuberculosis screening for certain higher-risk adults

FOR WOMEN

- Bone density screening for women 65+ or postmenopausal
- BRCA genetic test counseling for higher-risk women
- Mammography screening every 2 years, 50+ (or as advised 40–49)
- Breast cancer chemoprevention counseling
- Breastfeeding support, counseling & supplies
- FDA-approved birth control & sterilization procedures
- Cervical cancer (Pap) screening, ages 21–65
- Chlamydia screening for higher-risk women
- Diabetes screening after gestational diabetes
- Domestic & interpersonal violence screening
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening, 24+ weeks pregnant
- Gonorrhea & Hepatitis B screening for pregnant women
- Maternal depression screening at well-baby visits
- Preeclampsia prevention & screening
- Rh incompatibility screening for pregnant women
- STI counseling for sexually active women
- Tobacco intervention for pregnant tobacco users
- Urinary incontinence & UTI screening
- Well-woman visits

FOR CHILDREN

- Alcohol, tobacco & drug use assessments for adolescents
- Autism screening at 18 & 24 months
- Behavioral assessments, ages 0–17
- Bilirubin & blood screening for newborns
- Blood pressure screening, ages 0–17
- Depression screening from age 12
- Developmental screening under age 3
- Dyslipidemia screening for higher-risk children
- Fluoride supplements & varnish
- Gonorrhea preventive medication for newborns
- Hearing & vision screening for all children

- Height, weight & BMI tracking
- Hemoglobinopathies / sickle cell screening for newborns
- Hepatitis B & HIV screening for higher-risk adolescents
- PrEP for high-risk HIV-negative adolescents
- Immunizations from birth to age 18
- Lead screening for at-risk children
- Obesity screening and counseling
- Oral health risk assessment, 6 months–6 years
- PKU screening for newborns
- STI prevention counseling for higher-risk adolescents
- Tuberculin testing for higher-risk children
- Well-baby & well-child visits

For the most up-to-date list, visit healthcare.gov/coverage/preventive-care-benefits.

MEC PLANS · STANDARD MARKETPLACE EXCLUSIONS

Exclusions & Plan Info

Exclusions

- Abortion
- Acupuncture / spinal manipulation & chiropractic care
- Allergy testing
- Biofeedback
- Biopsies
- Cardiovascular studies
- Chemical dependency treatment
- Chemotherapy / radiation
- Childbirth & delivery facility / professional services
- Cochlear implants
- Cosmetic surgery
- Dental care
- Diabetic supplies including insulin injectors and pumps
- Diagnostic colonoscopies
- Diagnostic imaging incl. CT / PET scans, MRIs & ultrasounds
- Diagnostic mammograms (preventive covered)
- Dialysis
- Drug testing

- Durable medical equipment (boots, canes, crutches, splints, prosthetics, orthotics, hospital beds, oxygen equipment, sleep apnea machines, walkers, wheelchairs, scooters)
- Electrocardiogram / electrocardiography
- Emergency room care & transportation incl. ambulance
- Endoscopies
- Experimental drugs, procedures or studies incl. sleep studies
- Eye care
- Foot care
- Genetic testing incl. breast cancer (BRCA)
- Habilitation services
- Hearing aids
- Home health care incl. hospice, private duty nursing, skilled nursing, long-term care
- Hospitalization incl. facility & physician/surgeon fees
- Infertility treatment
- Mental health / behavioral health services
- Naturopathic services
- Nutritional supplies, vitamins or supplements
- Observation stays
- Occupational / physical therapy incl. speech therapy
- Out-of-network services incl. care outside the United States
- Outpatient laboratory services in hospital setting
- Pathology
- Rehabilitation services incl. substance abuse & physical therapy
- Services for sexual dysfunction incl. drugs, supplies & therapy
- Sex change services incl. drugs, supplies, therapy & surgical procedures
- Sleep studies
- Specialty prescription drugs
- Strength and performance services incl. devices & drugs
- Stress tests
- Supplementation (IV therapy)
- Surgical procedures incl. transplants, outpatient surgery, facility fees, physician/surgeon fees & anesthesia
- TMJ and orthognathic services
- Weight loss drugs, procedures (incl. gastric bypass & lap banding), programs & supplies

Limitations

- Birth control implants incl. IUD insertion/removal — limit 1 per plan year unless medically necessary
- Breast cancer genetic testing (BRCA) — counseling only, no testing
- COVID-19 testing limited to FFCRA / CDC guidelines or medical necessity, outpatient settings only
- Prescription drugs limited to formulary — visit sbmabenefits.com/purerx/standard for the full list
- Preventive breast cancer mammography screening — limit 1 per plan year
- Routine preventive/wellness visits (men, women, children) — limit 1 per plan year

The exclusions and limitations listed above apply only to the MEC plans and are standard with plans found on the Marketplace. This list is not intended to be complete — additional exclusions or limitations may apply. Only services listed under the summary of benefits are covered by the plan. An omission of a non-covered service from this list does not imply the service is covered. Members and providers are advised to confirm coverage before services are rendered.

DENTAL BENEFITS · DELTA DENTAL PPO

Preventive Dental

Benefits	In Network	Out of Network
Preventive & Diagnostic Exams, cleanings, bitewing & full mouth X-rays, fluoride treatments, space maintainers	100%	100%
Basic Fillings, simple extractions, oral surgery, periodontics, root canals, sealants	—	—
Major Crowns, gold restorations, bridgework, dentures, implants	—	—

Benefits	In Network	Out of Network
Annual Maximum (per person)	$1,000	$1,000
Annual Deductible — Per Person	None	None
Annual Deductible — Family Maximum	None	None

Dental Provider Lookup

1. Visit deltadental.com/us/en/member/find-a-dentist.html
2. Specialty: choose one, or choose any · Plan: Delta Dental PPO
3. Search by zip code and find dentists

Delta Dental

Plan Notes

Carryover Max℠ from Delta Dental lets you carry over a portion of your unused annual maximum into future years — useful for bigger procedures like bridges, crowns, and root canals.

Questions about this benefit?
An Indie Healthcare benefits specialist can walk you through it — no phone tree.

Text (475) 357-6440 Call (917) 833-8883 info@indie-healthcare.com

DENTAL BENEFITS · DELTA DENTAL PPO

Comprehensive Dental

Benefits	In Network	Out of Network
Preventive & Diagnostic Exams, cleanings, bitewing & full mouth X-rays, fluoride treatments, space maintainers	100%	100%

Benefits	In Network	Out of Network
Basic Fillings, simple extractions, oral surgery, periodontics, root canals, sealants	80%	50%
Major Crowns, gold restorations, bridgework, dentures, implants	50%	50%
Annual Maximum (per person)	$1,500	$1,500
Annual Deductible — Per Person	$50	$100
Annual Deductible — Family Maximum	$150	$300

Dental Provider Lookup

1. Visit deltadental.com/us/en/member/find-a-dentist.html
2. Specialty: choose one, or choose any · Plan: Delta Dental PPO
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VISION BENEFITS · VSP, POWERED BY DELTA VISION

Vision

Exam / lens / frame frequency: **12 / 12 / 24 months** · Contacts in lieu of glasses: **every 12 months**

	IN NETWORK COVERAGE
Eye Exam Copay	**$10**
Materials Copay	**$25**
Frame Allowance	**$130 ($70 Walmart / Sam's Club / Costco)**
Elective Contact Lens Allowance	**$130**
Necessary Contact Lenses	**Covered in full after copay**
Contact Lens Fit / Evaluation Copay	**$60**
Frames + Contacts Same Year	**No — contacts in lieu of frames**
	OUT OF NETWORK COVERAGE
Examination, up to	**$45**
Single Vision Lenses, up to	**$30**
Bifocal Lenses, up to	**$50**
Trifocal Lenses, up to	**$65**
Progressive Lenses, up to	**$50**
Lenticular Lenses, up to	**$100**
Frames, up to	**$70**
Elective Contact Lenses, up to	**$105**

Necessary Contact Lenses, up to	**$210**

	LENS ENHANCEMENTS (MEMBER COST)
Anti-Glare Coating	**$41 single / $41 multifocal**
Impact-Resistant Lenses (Adult)	**$31 single / $35 multifocal (covered for children)**
Progressive Lenses	**Standard progressives covered**
Light-Reactive Lenses	**$75 single / $75 multifocal**
Scratch Resistant Coating	**$17 single / $17 multifocal**

Vision Provider Lookup

1. Visit vsp.com/eye-doctor
2. Search by location, office name, or doctor name

VSP Delta Vision

Good to Know

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

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MEC COMPANION DISCOUNT CARD

Register Now

This is **not insurance** — it's a discount medical program that stacks with your MEC plan for everyday savings.

How to Register

1. Visit www.WellCardSavings.com
2. Click "Click Here to Register"
3. Enter Group ID: **MECPLUS**
4. Fill out your information
5. Save, text, or email your card, or print it to use at participating providers

1

Dental

Accepted at over 80,000 provider locations nationwide, covering all dental services and specialties, including orthodontia. Savings up to 50%, no limit on services or use.

2

Vision

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

3

Hearing Aids

Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.

4

Lab Services

Save up to 50% using the online search tool to locate a lab and order tests. Results available within 48–96 hours.

5

MRI & Imaging

Concierge appointment service with savings up to 75%+ on MRI, PET, and CT scans at over 4,000 locations nationwide.

6

Vitamins

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

7

Diabetic Supplies

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

This is NOT insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program, nor is it a Medicare Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at time of service from participating providers. WellCard Savings will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc., 84 Villa Road, Greenville, SC 29615. Not available to residents of Montana, though it may be used at participating Montana providers. Other state residents: visit WellCardSavings.com for full disclosure.

Questions about this benefit?
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Still have questions?

Connect with the Indie Healthcare benefits team — text, call, or email, whatever's easiest.

Text (475) 357-6440

Call (917) 833-8883

info@indie-healthcare.com

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