BENEFITS INFORMATION

Upon hire, you will receive enrollment information via email.
Benefits are effective the first day of the month following your benefit enrollment confirmation.

ACCESS YOUR VIRTUAL ID CARD IN HEALTHWALLET

COVERAGE YOU NEED AT A PRICE YOU CAN AFFORD

MEDICAL COVERAGE

FlexCare: Covers all preventive services 100%, primary care visits at a $25 copay, urgent care at a $50 copay, and discounts on additional services such as specialist visits, labs, and x-rays. This plan also includes virtual health and prescription drug benefits.

Premium MV: Covers all in-network preventive services 100% and provides additional medical services such as office visits, urgent care, labs, x-rays, and generic prescription drugs offered at various copays/coinsurance. This plan also provides coverage for emergency room care, hospitalization, and inpatient services at reference-based pricing, paying 125% of the Medicare allowable fee schedule. Patients will be balance billed for any amount greater than 125% of the Medicare allowable payment. Minimum Value Plans are subject to affordability.

Max MV: Covers all in-network preventive services 100% and provides additional medical services such as office visits, urgent care, labs, x-rays, and prescription drugs offered at various copays/coinsurance. This plan also provides coverage for emergency room care, hospitalization, and inpatient services at reference-based pricing, paying 125% of the Medicare allowable fee schedule. Patients will be balance billed for any amount greater than 125% of the Medicare allowable payment. Minimum Value Plans are subject to affordability.

ANCILLARY COVERAGE

ExtraCare: This supplemental coverage provides specific benefit amounts, in the form of direct payments to members, for additional medical services. Refer to the summary page for additional information.

Delta Dental: Coverage includes diagnostic and preventive services at 100%, basic and restorative services at 80% and major services at 50%. Out-of-network services are offered at 80%/50%/50% respectively. There is no coverage for orthodontia.

VSP Vision: Coverage includes comprehensive eye exams at a $10 copay, frame allowances, lenses at a $25 copay or contact lenses at an allowance or covered in full after copay depending on medical necessity.

Term Life Insurance: Term Life Insurance with Accidental Death & Dismemberment (AD&D) coverage from Amalgamated Life Insurance Company helps to provide extra financial security for you and your loved ones in the event of an accident or death.

BENEFIT PREMIUMS

Medical Election (choose 1)				
Monthly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
FlexCare	❑ $125.35	❑ $250.70	❑ $250.70	❑ $376.05
Premium MV*	❑ $573.85	❑ $1,045.35	❑ $941.85	❑ $1,413.35
Max MV*	❑ $734.85	❑ $1,427.15	❑ $1,254.65	❑ $1,963.05
*Rates for the MV plan are subject to change based on affordability				

Ancillary Elections				
Monthly Rates	Employee Only	Employee/Spouse	Employee/Child(ren)	Family
ExtraCare High	❑ $56.35	❑ $112.70	❑ $112.70	❑ $169.05
Delta Dental	❑ $50.65	❑ $101.67	❑ $95.52	❑ $154.03
VSP Vision	❑ $11.44	❑ $22.88	❑ $24.03	❑ $40.08
Term Life Insurance*	❑ $13.80	❑ $20.70	❑ $20.70	❑ $27.60
*Please complete/retain beneficiary designation forms located at www.sbmabenefits.com/life-insurance. Forms WILL NOT be collected/retained by the insurance carrier, administrator or plan sponsor. Failure to produce a valid beneficiary designation form will result in benefits being paid according to default policy provisions or applicable law.				

Medical Benefits[1]	FlexCare
Preventive / Wellness Services	Covered 100%
Primary Care Visits	$25 Copay
Specialist Visits	Network Discount[2]
Urgent Care	$50 Copay
Laboratory Services / X-Rays	Network Discount[2]
Prescription Drug Benefits[3]	**PureRx**
Copay by Drug Tier	$15 / $30 / $50 / $75
Virtual Health Program[4]	**Recuro Health**
24/7 Virtual Urgent Care	$0 Copay
Virtual Behavioral Health	$0 Copay

[1]The FlexCare plan excludes out-of-network services and covers only the services listed above and on the Preventive Care Benefits page.

[2]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.

[3]Prescription drug benefits are subject to the formulary drug list. To review the formulary, please visit 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.

[4]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.

ACCESSING COVERAGE

HealthWallet

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

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- 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

MultiPlan PHCS Specific Services

Find the PHCS logo on your ID card and contact MultiPlan by calling 1-800-457-1309 or visiting www.multiplan.com/sbmaspecificservices and following the instructions below.

1. Read the acknowledgment at the bottom of the screen and click "OK"
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click "OK" to view the results

PRESCRIPTION DRUG BENEFITS

PureRx

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

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 1-855-6RECURO

PREMIUM MV

Beni SOLUTIONS | POWERED BY SBMA

General Information	Coverage Information	
Annual Deductible	$0	
Out-of-Pocket Maximum[1]	$9,100 individual / $18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance
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[RBP] (MRI, CT/PET scan)[2] (limit 2 per year)	$350 Copay	
Radiology / Advanced Imaging[2] (Medmo)[3] (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Surgery[2] (limit 1 per year)	$350 Copay	
Inpatient Hospitalization & Surgery[2] (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[RBP] (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[RBP 2] (limit 7 days per year)	$500 Copay per admission	
Outpatient Substance Abuse Treatment[2] (limit 8 days per year)	$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment[RBP 2] (limit 7 days per year)	$500 Copay per admission	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	$500 Copay per admission	
Prescription Drug Benefits[5]	**Coverage Information**	
Generic (Tier 1)	$10 Copay	
Higher Tier Generics / Preferred / Non-Preferred Brand & Specialty	Discount Only	
Virtual Health Program[6]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	$0 Copay	

[1]The out-of-pocket maximum refers to covered services only. Specific services are subject to Reference-Based Pricing (RBP) and patients may be billed beyond the out-of-pocket maximum for these services.
[2]Specific services require precertification. Failure to obtain precertification will result in a denial of benefits.
[3]Medmo is a concierge scheduling service for radiology and imaging allowing members to maximize their benefits while minimizing costs to the patient.
[4]RBP reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. This plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement amount.
[5]Prescription drug benefits are subject to the formulary. To review the formulary please visit www.sbmabenefits.com/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.
[6]Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

Notable Plan Exclusions
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.

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SCAN HERE

LOCATING A NETWORK PROVIDER

MultiPlan. PHCS Practitioner & Ancillary Only

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

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

PRESCRIPTION DRUG BENEFITS

PureRx

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

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- 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.

MAX MV

General Information	Coverage Information	
Annual Deductible	$0	
Out-of-Pocket Maximum[1]	$9,100 individual / $18,200 family	
Physician & Diagnostic Benefits (Non-Hospital Based)	**In-Network**	**Out-of-Network**
Preventive / Wellness	Covered at 100%	40% Coinsurance
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[RBP] (MRI, CT/PET scan)[2] (limit 3 per year)	$350 Copay	
Radiology / Advanced Imaging[2] (Medmo)[3] (subject to above limits)	Covered at 100%	
Hospital Benefits (All Subject to Reference-Based Pricing)[4]	**Coverage Information**	
Outpatient Surgery[2] (limit 2 per year)	$350 Copay	
Inpatient Hospitalization & Surgery[2] (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[RBP] (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[RBP 2] (limit 14 days per year)	$500 Copay per admission	
Outpatient Substance Abuse Treatment[2] (limit 12 days per year)	$75 Copay	40% Coinsurance
Inpatient Substance Abuse Treatment[RBP 2] (limit 14 days per year)	$500 Copay per admission	
Chemotherapy / Radiation Therapy / Dialysis	Not Covered	
Maternity Benefits	**In-Network**	**Out-of-Network**
Professional Services[2]	$350 Copay	40% Coinsurance
Inpatient Facility[RBP 2]	$500 Copay per admission	
Prescription Drug Benefits[5]	**PureRx**	
Generics (Tier 1) / Generics (Tier 2) & Preferred Brand	$10 Copay / $50 Copay	
Generics (Tier 3) & Non-Preferred Brand / Specialty	$75 Copay / Discount Only	
Virtual Health Program[6]	**Recuro Health**	
Unlimited Telehealth with Behavioral Health	$0 Copay	

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[6]Virtual mental/behavioral health services are available at no charge through Recuro Health. All other outpatient mental/behavioral health visits, in-person or virtual, will be covered at the specialist visit copay/coinsurance amount.

Notable Plan Exclusions
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PREVENTIVE CARE BENEFITS

SBMA

The following services are covered at no cost when delivered by a provider in your plan's network

Preventive benefits for adults

- Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults aged 18 to 79 years
- HIV screening for everyone aged 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella, Shingles, and Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventive benefits for women

- Bone density screening for all women over age 65 or women age 64 and younger who have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer screening mammogram, with or without clinical breast examination, every 1-2 years for women 40 and older
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women

Preventive benefits for women (continued)

- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Well-woman visits to get recommended services for women

Preventive benefits for children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns, and regular screenings for children and adolescents as recommended by their provider
- Height, weight, and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) is an HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles; Meningococcal; Mumps; Pneumococcal, Rotavirus, and Rubella
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children
- Well-baby and well-child visits

Learn More About Preventive Services

Preventive services are subject to change by the United States Department of Health and Human Services (HHS) under the Affordable Care Act (ACA). To view a full list of covered services, along with detailed descriptions, please visit: **https://www.healthcare.gov/coverage/preventive-care-benefits/**. Last updated July 2025.

Hospital Benefits	Benefit Amount / Limit
Hospital / ICU Admission – requires claim separation of 30 days	$2,500 / up to 3 admissions per year
Hospital / ICU Confinement	$200 per day / up to 30 days per year
Inpatient Surgical Benefits	**Benefit Amount / Limit**
Inpatient Surgery	$1,000 / 1 time per year
Inpatient Anesthesia	30% of surgery benefit
Outpatient Surgical Benefits – limited to 1 combined per year	**Benefit Amount / Limit**
Outpatient Surgery – Hospital or Ambulatory Surgical Center	$1,000 / 1 time per year
Outpatient Surgery – Physician Office	$300 / 1 time per year
Outpatient Anesthesia	35% of surgery benefit
Initial Care & Emergency Transportation	**Benefit Amount / Limit**
Emergency Room	$100 / up to 2 times per year
Ground Ambulance	$200 / up to 2 times per year
Air Ambulance	$1,000 / 1 time per year

[1]This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions are governed by a general policy issued by United of Omaha Life Insurance Company, a Mutual of Omaha Company.
[2]Payments for eligible approved covered services will be issued as reimbursements by submission of a claim form. To request a claim form please email SBMA at updates@sbmamec.com.

Delta Dental 1000

DELTA DENTAL®

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.

- **No waiting periods!**
- **Visit any dentist you want!**
- **Cleanings covered 100% in network!**

Locating a network dentist:

From the Delta Dental mobile app or **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**.

VSP Vision

Vision Benefits	**In Network**	**Out of Network**	**Frequency**
Comprehensive eye exam	$10 copay	$45 allowance	Once every 12 months
Eyeglass Frames	**In Network**	**Out of Network**	**Frequency**
One pair of eyeglass frames	$130 allowance ($70 allowance at Walmart / Costco)	$70 allowance	Once every 24 months
Eyeglass Lenses (instead of contacts)	**In Network**	**Out of Network**	**Frequency**
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
Contact Lenses (instead of glasses)	**In Network**	**Out of Network**	**Frequency**
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 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.

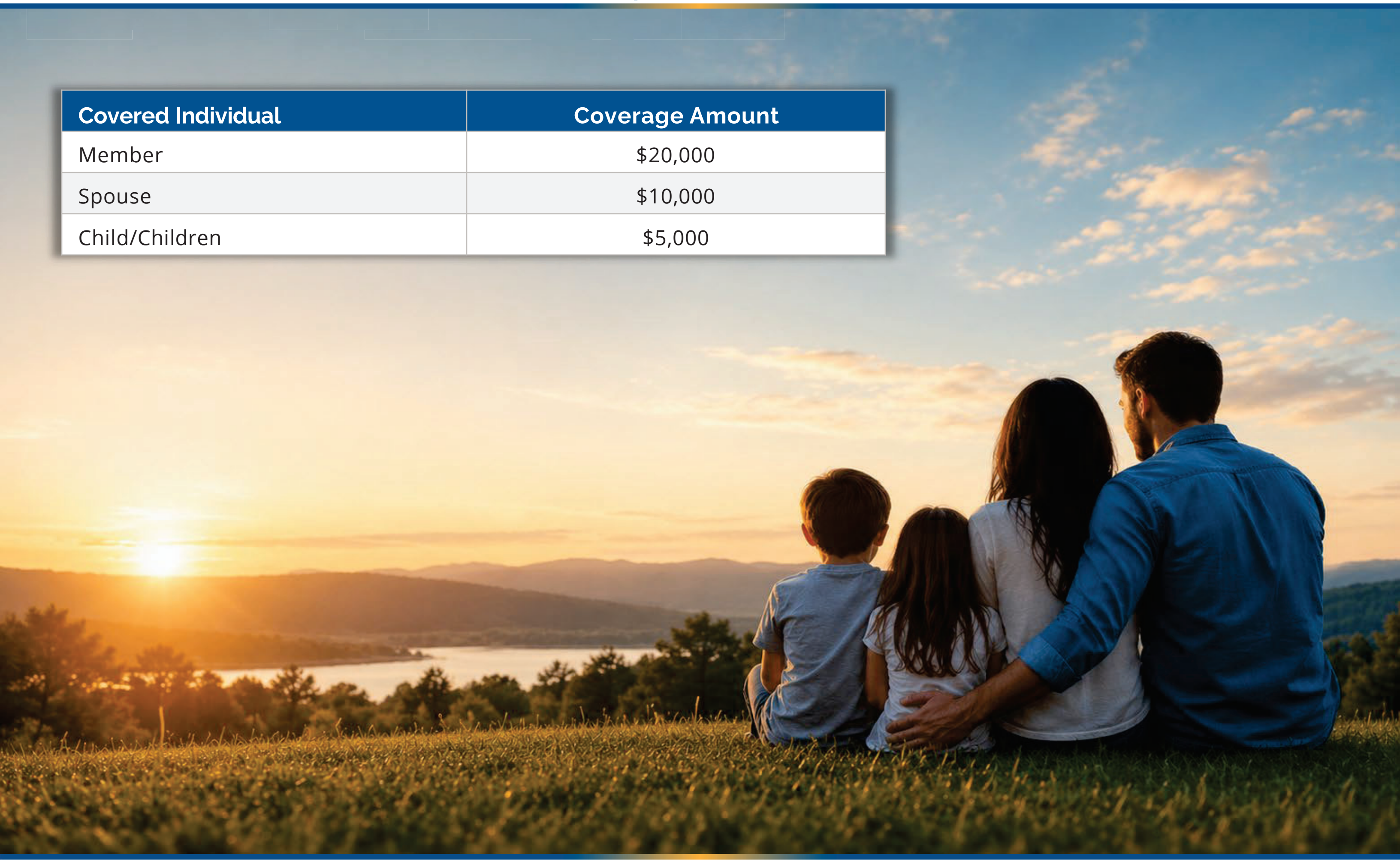
Download the VSP Vision Care App from the Apple or Google Play stores and get instant access to your benefit coverage, member ID card, exclusive member extras like savings on additional eyewear, laser vision correction, and more.

For additional information, you may also call **1.800.877.7195**.

Term Life and AD&D 20,000

SBMA

Covered Individual	Coverage Amount
Member	$20,000
Spouse	$10,000
Child/Children	$5,000



Protect Your Loved Ones

Term Life Insurance with Accidental Death & Dismemberment coverage from Amalgamated Life Insurance Company helps to provide extra financial security for you and your loved ones in the event of an accident or death.

- Maximum benefit amount is $20,000
- Enrollment age limitation is up to 65 years
- Coverage age limitation is age 70 (coverage for all enrollees will terminate the first day of the month following the member's 70th birthday)
- Child age limitation is 14 days to 26 years (child coverage will terminate the first day of the month following the child's 26th birthday)
- To view, download or print life insurance forms, including beneficiary designation forms, please visit www.sbmabenefits.com/life-insurance.

INSUREDS ARE RESPONSIBLE FOR COMPLETING AND RETAINING BENEFICIARY DESIGNATION FORMS. NO COPIES OF BENEFICIARY FORMS WILL BE COLLECTED/RETAINED BY THE INSURANCE CARRIER, ADMINISTRATOR OR PARTICIPATING PLAN SPONSOR. FAILURE TO MAINTAIN AND PRODUCE A VALID BENEFICIARY DESIGNATION FORM WILL RESULT IN BENEFITS BEING PAID ACCORDING TO DEFAULT POLICY PROVISIONS OR APPLICABLE LAW.

Amalgamated Life Insurance Company

Group • Stop Loss • Voluntary

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards, strong fiscal condition and excellent claims-paying ability. Amalgamated Life is licensed in 50 states and the District of Columbia. The information in this product sheet is in an abbreviated form only. The actual coverage and amounts are subject to all the terms, limitations and exclusions in the group policy. If the information in this product sheet differs from the Group Term Life and Accidental Death & Dismemberment Policy, the terms of the policy govern. Policy Form #ALTLP-05 or state variations. Rider Form #ALTLADDRC-XX-05 or state variations. Amalgamated Life Insurance Company, 333 Westchester Avenue, White Plains, NY 10604, www.amalgamatedlife.com 866-975-4089

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