St. Moritz

Benefit Plan Design

Your employer is providing a benefit package that can help you get well and stay well.

Apex-MEC

Minimum Essential Coverage

MAXIMUM BENEFITS

Minimum Essential Coverage (MEC) covers preventive health services and health screenings for adults, women and children. Also includes:

- Physician Visits & Diagnostic Testing
- Prescription Drug Benefits
- 24/7 Telemedicine - Multilingual
- Behavioral Health - Multilingual

Globe Life

Group Benefits

Group Limited Indemnity (GLI) pays a fixed benefit amount for a set number of days per year. Paired with Group Term Life to help provide financial protection in the event of untimely death.

- Hospitalizations
- Surgeries/Anesthesia
- Emergency Room Visits
- Outpatient Benefits
- Group Term Life

TRES

Eligibility • Member Cards • MEC Claims Adjudication

For information:

www.tres.health • 888-341-5606

Group Limited Indemnity Insurance is underwritten by Globe Life.
Globe Life And Accident Insurance Company, 7677 Henneman Way, McKinney, TX 75070

Covered Services

Apex MEC

	MEC PLUS ADVANTAGE	MEC PLUS ADVANTAGE & GLOBE LIFE GLI[1]
PREVENTIVE/WELLNESS BENEFITS* MEC benefits cover applicable ACA-required preventive health services at 100% when delivered by an in-network provider at a non-hospital based facility. Coverage follows USPSTF, ACIP and HRSA preventive recommendations in effect for the plan year.	Covered at 100%	Covered at 100%
MDLive - TELEMEDICINE 24/7 (Multilingual)[2]	FREE & Unlimited	FREE & Unlimited
MDLive - BEHAVIORAL HEALTH SERVICES (Multilingual)[2]	FREE & Unlimited	FREE & Unlimited
PHCS NATIONWIDE NETWORK	PHCS Specific Services	PHCS Limited Benefit Plan
Primary Care Physician Visits	$20 Copay - 3 visits PCY	$20 Copay - 3 visits PCY
Specialist Office Visits	$50 Copay - 3 visits PCY	$50 Copay - 3 visits PCY
Urgent Care	$50 Copay - 3 visits PCY	$50 Copay - 3 visits PCY
Diagnostic X-ray and Lab	$50 Copay - in offices 5 tests PCY	$50 Copay - in offices 5 tests PCY
CT Scan/MRI (outpatient only)	$200 Copay - 1 CT Scan or 1 MRI PCY	$200 Copay - 1 CT Scan or 1 MRI PCY
Cigna Rx - PRESCRIPTION BENEFITS[2]		
Generic Medications	$0 Copay	$0 Copay
Tier 1 Medications	10% Co-Insurance	10% Co-Insurance

Globe Life Group Benefits

		GLI Benefit Payout - Underwritten by Globe Life
GROUP LIMITED INDEMNITY BENEFITS **Hospital Indemnity Benefits**		
Hospital Confinement For treatment in a hospital, due to sickness or injury for 23 or more continuous hours (i.e., not less than a day) Note: Maternity benefit is payable as any other illness for both mother and child		$1,250 per day - 31 days PPY
Hospital Intensive Care Unit For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)		$1,500 per day - 10 days PPY
Hospital Admission Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a healthy child covers mother only. Benefit is payable for newborn if admitted to ICU		$2,750 per day - 2 days PPY
Surgery/Anesthesia Benefits		
Inpatient Surgery For inpatient surgery in hospital due to sickness or injury		$1,000 per day - 2 days PPY
Outpatient Major Surgery For outpatient major surgery in hospital or freestanding surgery center, due to sickness or injury		$1,000 per day - 2 days PPY
Outpatient Minor Surgery For outpatient minor surgery in hospital or freestanding surgery center, due to sickness or injury		$300 per day - 1 day PPY
Anesthesia For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable with inpatient and outpatient major surgeries only)	Not Included	$300 per day - 1 day PPY
Emergency Room Benefits		
Emergency Room for Sickness For treatment in an ER due to sickness		$50 per day - 2 days PPY
Emergency Room for Injury For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)		$400 per day - 2 days PPY
Ambulance Benefits		
Ground Ambulance For transport by a licensed, professional ground ambulance company to or from a hospital or between medical facilities		$100 per day - 1 day PPY
Air Ambulance For transport by a licensed, professional air ambulance company to or from a hospital or between medical facilities		$500 per day - 1 day PPY
GROUP TERM LIFE[3]		
Employee $10,000 • Spouse $5,000 • Child(ren) $2,500		Included

The Apex-MEC plans are ACA compliant; they are offered by Apex-MEC, LLC and administered by Tres Health. **Globe Life does not underwrite the Apex-MEC plans or the non-insurance benefits.**
PCY: Per Calendar Year - PPY: Per Plan Year

[1] GLI plans are not ACA compliant and do not satisfy any ACA penalties.
[2] Non-insurance benefits are included with Apex-MEC plans.
[3] Benefits are reduced by 50% on or after an Insured's 70th birthday.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 7677 Henneman Way, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Group Limited Indemnity Policy, Certificate and Rider Forms: GBLI, GBLIC, GBLITLR, GBLIABR, GBLIADR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, GBLICIR, GBLITDR. Group Term Life Policy and Certificate forms: ICC25-P-GBTL, ICC25-C-GBTL; in CA, GBTL-CA, GBTLC-CA; in FL, GBTL-FL, GBTLC-FL; in SC, GBTL-SC, GBTLC-SC. Forms and Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third party administrators.

Your Coverage Network

Your coverage includes the following benefits - learn more about when and how to use them.

MDLIVE®

24/7 Multilingual Telemedicine

Free & Unlimited for members

member.tres.health • 888-812-3712

When to Use Telemedicine Services

Our board-certified physicians have expertise in primary care, pediatrics and family medicine. They can help right away with cold and flu symptoms, allergies, respiratory infections, skin problems and other non-emergency medical issues. Contact MDLive from the comfort of your home.

cigna healthcare
Shared Administration

Prescription Drug Benefits

National, local, on-line pharmacies available

mycigna.com • 800-325-1404

To Find an In-Network Pharmacy or Buy Prescription Drugs Online

Cigna Rx is a full-service prescription benefit manager with a retail network of thousands of pharmacies nationwide. Cigna Rx manages your pharmacy benefits, enabling you to receive discounts on your prescriptions.

MDLIVE®

Multilingual Behavioral Health

Free & Unlimited for member

mdlive.com/treshealth • 888-863-5292

Connect with Licensed therapists. Board-certified psychiatrists.

Get reliable care for needs like anxiety, stress, life changes, grief, and depression.

MedWatch
Empowering People. Improving Lives.

Member Advocacy

MedWatch provides solutions that deliver superior member advocacy while maximizing the clinical and financial outcomes for the plan and plan members.

urmedwatch.com

NorthPoint Data Security
Powered by experian.

Identity Theft Protection

Consumer ID Theft Program

northpointidtheft.com/apex

800-562-3918

To Use Your Free MEC Preventive Physician Office Visit

1. Locate a network provider using the instructions below.
2. Confirm that the provider is participating in the MEC program when you make your appointment.
3. **Request all preventive services you require when making the initial appointment.**
4. Present your ID card when you receive covered preventive services.
   (Your provider will bill Tres Health for the cost of your care.)

   NOTE: MEC services are only free when delivered by a doctor or other provider in your plan's network. There are 3 sets of preventive services - for adults, women and children. Refer to your plan documents to confirm the MEC services you are eligible to receive.

Locating Your Network Provider

PHCS

PHCS is a comprehensive network of more than 900,000 in-network providers around the U.S.

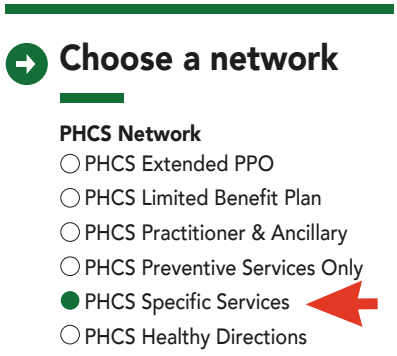
To find a provider visit: **www.multiplan.com** and follow the directions for your selected plan.

For the MEC Plus Advantage Plan

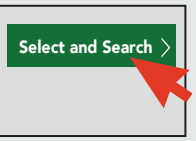
Click "**Find a Provider**" in the top right corner



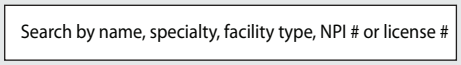
Click "**PHCS Specific Services**" in the listing



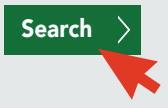
Click "**Select and Search**" in the bottom right corner



Enter type of provider (urgent care, primary care, etc...) in search box

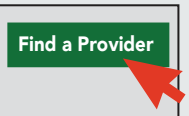


Enter City/County & State or Zip and click Search

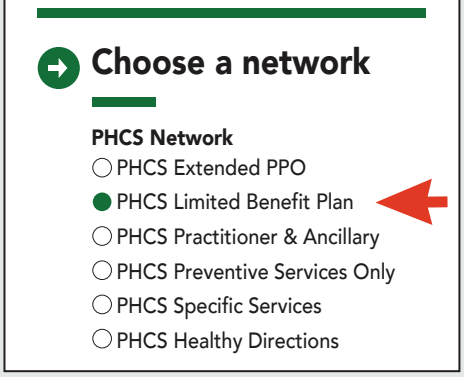


For the MEC Plus Advantage with GLI Plan

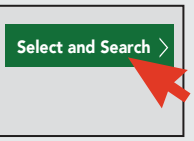
Click "**Find a Provider**" in the top right corner



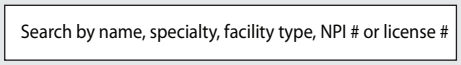
Click "**PHCS Limited Benefit Plan**" in the listing



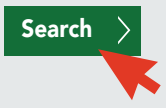
Click "**Select and Search**" in the bottom right corner



Enter type of provider (urgent care, primary care, etc...) in search box

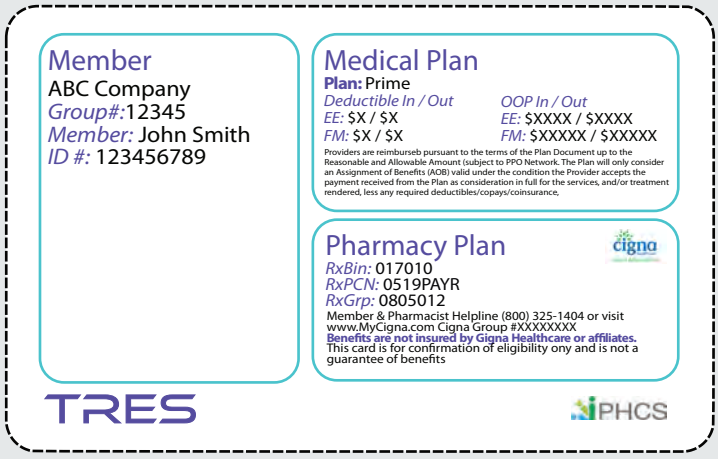


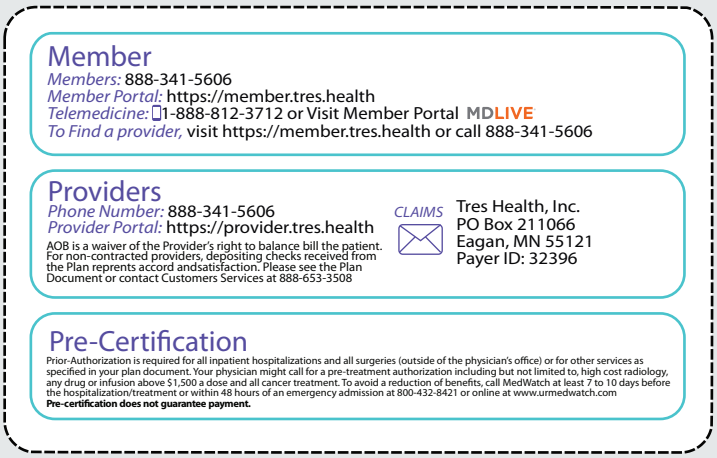
Enter City/County & State or Zip and click Search



One ID Card for All Benefits

Tres Health will send your ID card to your home. Call Tres Health first with any questions. After you enroll, you may use the information on the ID card for help with eligibility, benefit and claim questions.





Filing a Claim

When you go to a provider, present your ID card to show you have coverage. At that time, you can also assign benefits to the provider, authorizing them to submit the claim on your behalf.

NOTE: You should make sure all your claims are filed with BOTH plan administrators (see back of ID card).

For MEC Claims:

To receive the services included with the MEC plan, you must use a network provider who will file the claim.

For GLI Claims:

If you assign benefits to the provider:

- Provider submits the claim to the address on your ID card.
- Claim is processed and payment is sent to the provider.

If you do not assign benefits to the provider:

- You request an itemized bill from the provider.
- You submit the itemized bill to the address on your member card, or via email at GlobeClaims@loomisco.com (no claim form required).
- Claim is processed and payment is sent to you.
- You pay the provider.

Your MEC plan is PPACA Compliant

The list below summarizes some but not all services.
Please reference the US Preventive Services Task Force website for the entire list.
www.HealthCare.gov/center/regulations/prevention.html

Covered preventive services for all adults (ages 18 and older)

1. Abdominal aortic aneurysm one-time screening for men of specific ages who have ever smoked
2. Alcohol misuse screening and counseling
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening
5. Cholesterol screening for adults of certain ages or at higher risk
6. Colorectal cancer screening for adults 45 to 75
7. Depression screening
8. Diabetes (Type 2) screening
9. Diet counseling for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use)
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence
12. Hepatitis C screening for adults age 18 to 79 years
13. HIV screening for everyone age 15 to 65, at increased risk
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
15. 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, Tetanus
16. Lung cancer screening for adults 50 to 80 at high risk for lung cancer
17. Obesity screening and counseling
18. Sexually transmitted infection (STI) prevention counseling
19. Statin preventive medication for adults 40 to 75 at high risk
20. Syphilis screening for adults at higher risk
21. Tobacco use screening for all adults and cessation interventions for tobacco users

Covered preventive services for pregnant women or women who may become pregnant

1. Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
2. 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." Learn more about contraceptive coverage.
3. Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
4. Folic acid supplements for women who may become pregnant
5. Hepatitis B screening for pregnant women at their first prenatal visit
6. Maternal depression screening for mothers at well-baby visits
7. Preeclampsia prevention and screening for pregnant women with high blood pressure
8. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
9. Syphilis screening
10. Expanded tobacco intervention and counseling for pregnant tobacco users
11. Urinary tract or other infection screening

Other covered preventive services for women

1. Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
2. Breast cancer genetic test counseling (BRCA) for women at higher risk
3. Breast cancer mammography screenings
   - Every 2 years for women 50 and over
   - As recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
4. Breast cancer chemoprevention counseling for women at higher risk
5. Cervical cancer screening
   - Pap test (also called a Pap smear) for women age 21 to 65
6. Chlamydia infection screening for younger women and other women at higher risk
7. Domestic and interpersonal violence screening and counseling for all women
8. Gonorrhea screening for all women at higher risk
9. Urinary incontinence screening for women yearly
10. Well-woman visits to get recommended services for all women

Covered preventive services for children

1. Alcohol, tobacco, and drug use assessments for adolescents
2. Autism screening for children at 18 and 24 months
3. Behavioral assessments for children: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
4. Bilirubin concentration screening
5. Blood pressure screening for children
6. Blood screening for newborns
7. Depression screening for adolescents beginning routinely at age 12
8. Developmental screening for children under age 3
9. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
10. Fluoride supplements for children without fluoride in their water source
11. Fluoride varnish for all infants and children as soon as teeth are present
12. Gonorrhea preventive medication for the eyes of all newborns
13. Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
14. Height, weight and body mass index (BMI) measurements taken regularly for all children
15. Hematocrit or hemoglobin screening for all children
16. Hemoglobinopathies or sickle cell screening for newborns
17. Hepatitis B screening for adolescents at higher risk
18. Hypothyroidism screening for newborns
19. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
20. 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, Rubella, Rotavirus
21. Lead screening for children at risk of exposure
22. Obesity screening and counseling
23. Oral health risk assessment for young children from 6 months to 6 years
24. Phenylketonuria (PKU) screening for newborns
25. Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
26. Tuberculin testing for children at higher risk of tuberculosis: Age 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
27. Vision screening for all children
28. Well-baby and well-child visits

Group Term Life

Underwritten by Globe Life And Accident Insurance Company

Group Term Life Insurance can help ease the financial burden associated with the loss of a loved one.

Term Life Insurance	Benefit
Employee	$10,000
Spouse or Domestic Partner	$5,000
Child(ren)	$2,500
Benefit Reduction Schedule	
For death occurring after age 70	Benefit is reduced by 50%*

* Premium will not be reduced for a benefit reduction due to age

What's Included**

CONTINUATION OF COVERAGE DUE TO TOTAL DISABILITY: If coverage ends while an employee is totally disabled, we will continue coverage that was in force on the day before the Total Disability began. Subject to the continued payment of Premiums due, coverage may be continued for 6 months from the date the employee's Total Disability starts. Total Disability means that the Employee is unable to perform the material duties of their regular job due to an injury or sickness and is unable to perform any other job for which they become fit by education, training or experience.

CONVERSION: Upon termination or reduction of coverage, the Insured may have the option to buy an individual life insurance policy without answering any health questions. The individual policy will not exceed the amount of coverage they had prior to the coverage change. Within 15 days of the termination or reduction, the Insured will be given notice of their conversion rights in writing at the last address on file for them. To exercise their conversion rights, the Insured must apply for the individual policy and pay and the first Premium within 31 days of the date of termination or reduction. If an Insured does not convert their coverage within 16 days of the notice of their conversion rights or 60 days after the conversion period expires (whichever is later), they will not have the right to convert that amount later. See Certificate for complete details of this Conversion provision.

What's Not Covered**

SUICIDE: If an Insured, whether sane or insane, commits suicide within two years, or any shorter period as may be required by applicable law in the state where the Policy is delivered or issued for delivery, from the Insured's Coverage Effective Date or from the date an increase in life insurance (other than a scheduled or automatic increase) took effect, no benefit will be paid for that Insured's death. Our liability will be limited to a return to the Beneficiary of all Premiums paid by the Insured and a return to the Policyholder of all Premiums paid by the Policyholder. If the Insured was covered under the Prior Group Plan, the two-year period under this provision will be reduced by the period of time that the Insured was continuously covered under the Prior Group Plan.

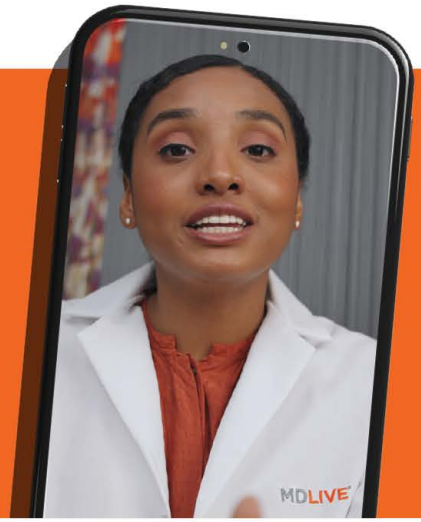
**For full description of all terms, conditions, exclusions, and limitations, please request a copy of the Master Policy and Certificate. Forms may vary by state.

This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 7677 Henneman Way, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best; for the latest financial strength rating, access www.ambest.com. Coverage is not available in all states. Policy and Certificate forms: ICC25-P-GBTL, ICC25-C-GBTL; in CA, GBTL-CA, GBTLC-CA; in FL, GBTL-FL, GBTLC-FL; in SC, GBTL-SC, GBTLC-SC. Forms may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third-party administrators.

Free and Unlimited Telemedicine

TRES
BEYOND HEALTH

MDLIVE®



fast, hassle-free health care. anytime. anywhere.

Your benefits include reliable 24/7 health care by phone or video. Our national network of board-certified doctors provides personalized care for hundreds of medical and mental health needs. No surprise costs. No hassle. Just create an account to enroll.

URGENT CARE

On-demand care for illness and injuries.

Talk to a board-certified doctor in just minutes when you need care fast, including prescriptions.

Reliable and affordable alternative to urgent care clinics for more than 80 common, non-emergency conditions like flu, sinus infections, ear pain, and UTIs (Females, 18+).

MENTAL HEALTH

Talk therapy and psychiatry from the privacy of home. [1]

Licensed therapists and board-certified psychiatrists.

Schedule your appointment in as little as five days with after-hours and flexible sessions available.

USING MDLIVE IS AS EASY AS 1-2-3:

STEP 1: CREATE YOUR TRES HEALTH ACCOUNT*.

STEP 2: REQUEST AN APPOINTMENT.

Have an urgent care appointment right away, or schedule a time that works for you.

STEP 3: FEEL BETTER FASTER.

Get a diagnosis, treatment plan, and prescriptions, when appropriate, sent right to your preferred pharmacy. [1]

$0 per appointment.

Create your account today.

888.863.5292

***DOWNLOAD** the app from the **Apple App Store or Google Play Store** by searching for **"Tres Health"** or access it online at **member.tres.health.**

[1]Prescriptions are available at the physician's discretion when medically necessary.

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Apex-MEC

Free and Unlimited Mental Health Support

TRES

MDLIVE®



Licensed therapists. Board-certified psychiatrists.

MDLIVE. Anytime. Anywhere.

You may feel overwhelmed or not like yourself. Your health plan includes talk therapy and psychiatry from the privacy of home.1 Get reliable care for needs like anxiety, stress, life changes, grief, and depression.

Fast and convenient.

Have your first therapy appointment in a week or less and choose a time that works for you. Convenient appointments are available, including nights and weekends.

Affordable and easy.

The large MDLIVE network makes it easy to find a therapist or psychiatrist that is the right fit for you. Choose the same one for each appointment or switch at any time. No surprise costs. No hassle.

MDLIVE cares for hundreds of mental health needs, including:

- Addictions
- Anxiety
- Depression
- Grief & Loss
- Life Change
- Obsessive Compulsive Disorder (OCD)
- Panic Disorders
- Phobias
- Relationship Issues
- Stress Management
- And more

Your copay is **$0** per appointment



Meet Sophie, your personal assistant
Text TRES to 635483
to create an account.

Create your account today.

mdlive.com/treshealth | 888.863.5292

[1] Mental health services are available for ages 10 and up.

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Apex-MEC

Consumer ID Theft Program



Providing protection for consumers digital life.

Every year millions of Americans fall victim to identity thieves. It's a real threat, and protection has become a necessity.

Program Overview

The program is deployed on an embedded basis and cannot be sold as an "opt-in". Enrolled consumers must reside in the United States in order to be eligible.

Identity Restoration

Recovering from identity theft on your own can be time consuming. Let us help make it less of a pain. Our dedicated, highly qualified, ID restoration specialists will work on your behalf to help you recover from ID theft.

Lost Wallet Assistance

Losing your wallet is a headache. We make it a less painful ordeal by helping you cancel and reissue your credit and ID cards and up to 15 different forms of identification.

Up to $1M Identity Theft Insurance

This Consumer ID Theft Program provides up to$1 million in coverage for certain out-of-pocket expenses related to the theft of your personal information.

Stolen Funds (Cash Recovery) Replacement

Lost funds due to identity theft can be difficult to replace. As part of your Consumer ID Theft Program, it provides coverage terms up to $100,000 in cash recovery for unauthorized electronic funds transfer from a credit/debit card, checking or money market account established for personal use.

Credit Monitoring Powered by Experian®

You'll have access to a suite of tools powered by Experian® to alert you to suspicious activity involving identity fraud. These tools include access to your Experian® Credit Report, Experian® VantageScore®, Credit Monitoring and Alerts and Dark Web Monitoring.

About NorthPoint / Experian®

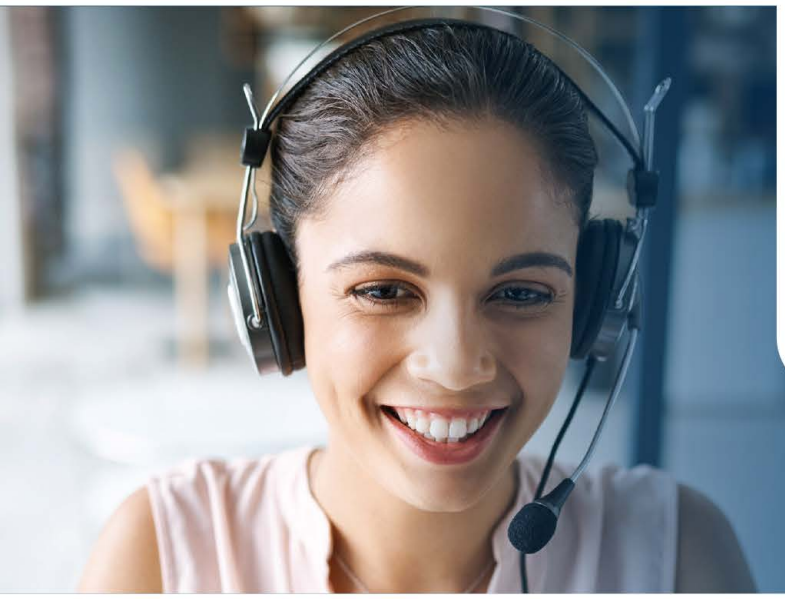
The program is deployed in collaboration with Experian®, one of the world's largest & most respected consumer services companies. NorthPoint, a majority veteran owned entity, is entirely focused on delivering unique cyber insurance products through its proprietary platforms.

For additional information, please call 800-562-3918 or visit: https://northpointidtheft.com/apex/

The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Review the Summary of Benefits.

NorthPoint Data Security
Powered by experian.

Apex-MEC



MedWatch Pathways Concierge Services

Empowering People. Improving Lives.

Your Personal Guide to Navigating Your Benefits Plan

CALL MedWatch Pathways Concierge FIRST!

Navigating your benefits plan and the healthcare options available to you can be stressful and intimidating, but it doesn't have to be. With the MedWatch Pathways Concierge program, you have a single point of contact that can assist you in understanding your options and getting the most out of your health plan.

CALL your Pathways Concierge when you need help with:

- Understanding your diagnosis and proposed treatment
- Questions about your medications
- Precertification support for upcoming medical procedures *
- Identifying the best options for quality providers and convenient service locations
- Referrals to available health related programs *(such as wellness, diabetic monitoring, EAP, telemedicine and more)*
- Billing questions and support *(claim status, balance billing, grievances, appeals, EOBs and more)*
- Making or changing an appointment with a care provider
- Managing self-care needs, including education and skill training
- Education, resources and support for you, your family and your care support system

In addition, as part of the Pathways Concierge service, you will receive a bimonthly Healthy Living Newsletter which contains valuable information and resources to support your good health.

Has your physician recommended surgery or a medical procedure?

BEFORE you schedule any elective inpatient or outpatient medical procedure or treatment, **CALL** your MedWatch Pathways Concierge. Their team of experienced benefits experts and nurse case managers are ready to assist you when you need them. Putting you and your health first is what we do best. Let us help you get the most out of your benefits.

**Precertification is a benefit of your health plan that helps determine if the procedure or treatment is medically necessary and covered by the policy.*

Contact your Pathways Concierge by phone or email: **(888) 653-3508**
PathwaysConcierge@urmedwatch.com

TRES HEALTH
BENEFITS ENROLLMENT GUIDE

For the **Employees of:**
St. Moritz

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UNDERSTANDING YOUR **BENEFITS ENROLLMENT GUIDE**

At Tres Health, we strive to support your well-being through our robust benefits package. This enrollment guide is your resource to explore the available benefit options. Please keep in mind that open enrollment is your annual opportunity to adjust your elections, except in cases when enrollment is tied to a change in status for you or your family member.

ABOUT **TRES HEALTH**

Reinventing Affordable Healthcare

We know the healthcare industry forward and backward, and every year, premiums, deductibles, and out-of-pocket maximums continue to rise. We set out to change the way healthcare is designed, managed, and administered, and developed plan offerings that are tech-forward but also people-first, modern but simple, and high-quality but affordable.

Tres offers health plans you can count on, with:

- ✓ $0 co-pay and deductible
- ✓ Telemedicine and behavioral health services
- ✓ $0 co-pay for preventive drugs

ABOUT **OUR CARRIERS & PARTNERS**

PHCS MULTIPLAN
Network for Minimum Essential Coverage Plans, Minimum Value Plans, and Reference Based Pricing Plans.

CIGNA PBM
Pharmacy Benefits Manager on all Plans.

Medwatch
Member Advocacy Services.

MDLive
Telemedicine Services.

MedMo
Imaging Center Advocacy.

Connect DME
Medical Device Solutions.

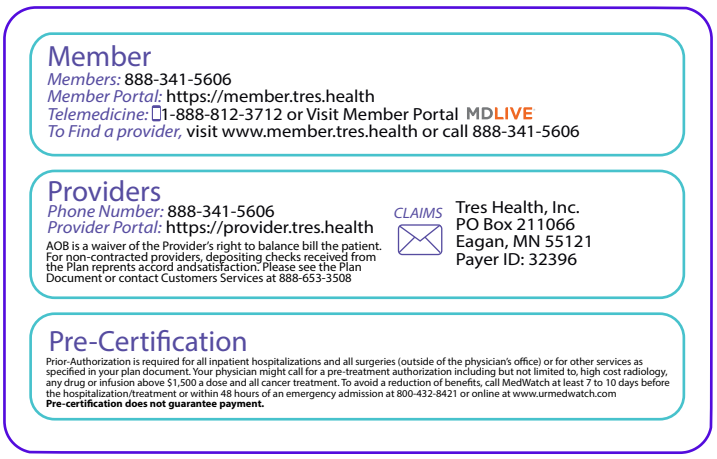


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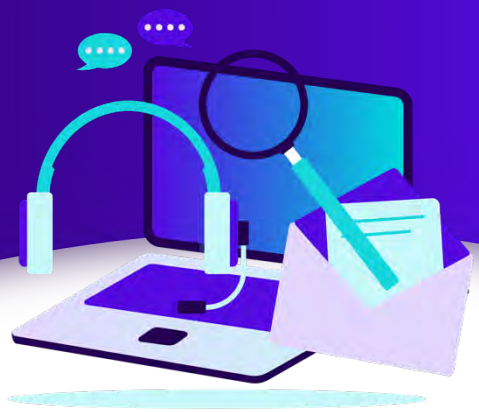
One ID Card for All Benefits

ID cards will be mailed to the member's home address and will also be available on the Tres app and member portal. Download the app from the Apple App Store or Google Play Store by searching for Tres Health, or access it online at member.tres.health.





MEMBER **ADVOCACY**
MEDWATCH



Member Experience

Our partnership with MedWatch is designed to empower you with comprehensive support and personalized assistance to manage your health care. By integrating their services with our benefits program, we can provide you with a seamless and efficient health management experience.

How MedWatch Benefits You

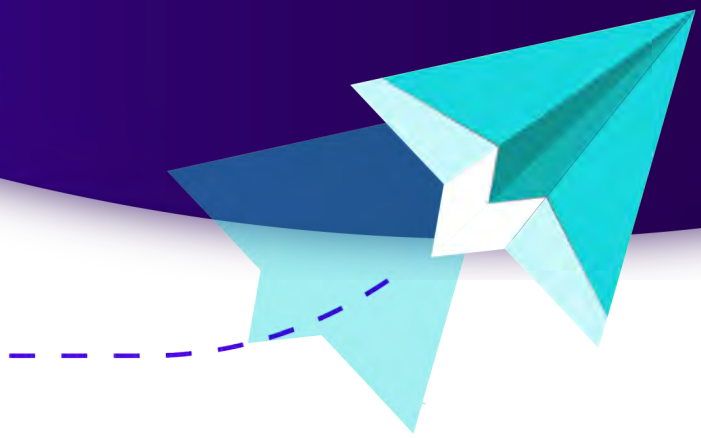
Single Point of Contact: Centralized contact for all your health needs, from benefits information to nurse consultations and diagnosis assistance.
Comprehensive Support: Helps you find providers, schedule appointments, provides education on reference-based pricing, and answers health plan questions. They also assist with balance billing, EOB explanations, and pre-certification.
Personalized Advocacy: Uses advanced health data and research-based standards to provide tailored solutions, to help support you and achieve optimal results.

CALL your Concierge when you need help with:

- ✓ Understanding your diagnosis and proposed treatment
- ✓ Questions about your medications
- ✓ Precertification support for upcoming medical procedures *
- ✓ Identifying the best options for quality providers and convenient service locations
- ✓ Referrals to available health related programs (such as wellness, diabetic monitoring, EAP, telemedicine and more)
- ✓ Billing questions and support (claim status, balance billing, grievances, appeals, EOBs and more)
- ✓ Making or changing an appointment with a care provider
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- ✓ Education, resources and support for you, your family and your care support system

**Precertification is a benefit of your health plan that helps determine if the procedure or treatment is medically necessary and covered by the policy.*

MEMBER EXPERIENCE **ROADMAP**



Understanding reference-based pricing health plans and finding a provider doesn't have to be complicated. Here's how Value Driven Health Plans with RBP work with HST Connect.

Step **One**

Visit hstconnect.com and login to find a provider. Or go to portal.hstechnology.com/PHCS to login as a guest.

Step **Two**

Medical service or procedure is performed and provider submits a bill to the TPA.

Step **Three**

Based on HST's pricing and/or negotiations the TPA remits payment.

Step **Four**

TPA sends you an Explanation of Benefits (EOB).

Step **Five**

You pay the Member Responsibility portion of the bill to the provider.

WHAT IS **REFERENCE BASED PRICING *RBP* ?**

This is a cost strategy for an employer so their healthcare costs are set and claims are paid based on a benchmark or predetermined rate for a specific medical procedure or service. Traditional fully-insured plans are negotiated between the insurance carrier and the healthcare provider.

Types of services covered may vary. With Tres Health, please call Medwatch to verify your benefits and any hospital-based service at 888.653.3508.

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HOW IT ALL FITS TOGETHER

UNDERSTANDING WHO TO CONTACT FOR WHAT

TRES HEALTH Tres has worked to ensure we have the best partners in place to support your health benefit needs. Information on our partners, and how to access support, are all available on your ID card or the member app.

PROVIDER NETWORK You can find your provider network on the front, top right of your ID card. This is found under the 'Medical Plan' section of your ID card. Here you will find the website and phone number that you can use for your network inquiries.

PRESCRIPTION BENEFIT Please view the Pharmacy Plan on the front of your ID card. This is found at the bottom right of the card. You are welcome to search the listed website or call the number provided for any prescription or pharmacy related question.

CUSTOMER SERVICE The Customer Service phone number is located on the back of your ID card under the 'Member' section. You may also find helpful plan information in your personal portal through our Third-Party Administrator (TPA).

TELEMEDICINE We don't always have time to drive to a doctor for a non-urgent care. That is why we are bringing medical care for some of the more common conditions to you. Information related to this service from MDLive is found on the back under the 'Member' section of your ID card. Please utilize your Telemedicine benefit to access Board Certified Physicians around the clock (24/7/365) via telephone or secure video. Doctors are there to answer questions, give advice, and even diagnose and treat illnesses without long wait times. To activate your account, visit www.mdlive.com/treshealth and click on the button to activate account. You can also download the app from the App Store or Google Play Store.

PRECERTIFICATION Review your Plan documents, housed in your Medxoom portal, to become familiar with the medical services that require precertification. Your provider needs to pre-certify all inpatient hospitalization and surgeries 7 to 10 days prior to admittance or procedure. If you are admitted to the hospital through the ER, you or your physician must notify us within 48 hours. Refer to your plan documents for more detail. You can find the website and phone number for inquiries under the Pre-Certification section on the back of your ID card. You will also find a phone number for providers to call to pre-certify on the back section of your ID card. Follow the rules of your plan, to maximize your benefits and pay the least amount out of pocket.

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TRES

INTRODUCING THE TresTech™ MEMBER PORTAL

TRESTECH MEMBER PORTAL Provides members quick access to their health insurance information via the web or their mobile phone.

ID CARDS Get digital access to your ID Card thru the mobile app or portal.

TELEMEDICINE Access telemedicine services ***(MDLive)*** through both the portal and app with the single sign on feature.

CLAIM STATUS Review all active, pending, paid, and previous claims history

PRESCRIPTIONS Search prescription costs and pharmacy locations.

BENEFITS DETAILS Review benefit details such as:

- Deductibles and Accumulations
- Co-insurance
- Co-pays
- Plan Documents & Summaries

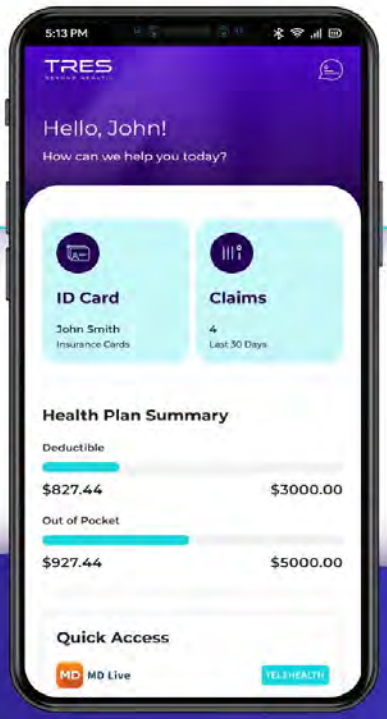
FIND A PROVIDER Search for providers in your network.

ACCESS THE PORTAL

1. **DOWNLOAD** the app from the **Apple App Store** or **Google Play Store** by searching for **"Tres Health,"** or access it online at **member.tres.health.**
2. **REGISTER** in the app using your **Social Security Number** and **Date of Birth**; your information remains private and secure.
3. **ENTER YOUR INFORMATION** Enter your **Email Address** and **First and Last Name**, then **Create a Password**.
4. **REVIEW dependents** and **invite adult dependents** to register, too.

GET IT ON Google Play

Download on the App Store



NEED SUPPORT?

For technical assistance please contact us at portals@tres.health.

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PREMIER $1,000 DEDUCTIBLE



TRES

KEY **FEATURES** *(BEST SELLER)*

- co-pay driven
- Simplified underwriting
- Qualifies as MV Plan to satisfy requirement for ACA Penalty B
- Covers >60% of allowed cost
- $0 co-pay on preventive generic drugs or services
- Substantial in- & out-patient hospitalization coverage

What's **covered***

- **Preventive Care**
- **Physician Services**
- **Telemedicine Services**
- **Diagnostic Services and Supplies**
- **Emergency Services**
- **Inpatient Services**
- **Outpatient Services**
- **Therapy Services**
- **Home Healthcare**
- **Preventive Drugs**
- **Tier 1 Drugs**
- **Diabetic Supplies**
- **Durable Medical Equipment (DME)**
- **Sleep Studies (Home)**

What's **not covered***

- **Chemotherapy**
- **Radiation**
- **Kidney Dialysis**
- **Cardiac Rehabilitation**
- **Tier 2 Drugs**
- **Tier 3 Drugs**
- **Specialty Drugs**

PLAN **AT A GLANCE***	**COPAY***
Routine Well Care (Non-Hospital Services) **Telemedicine Services w/ MDLive Diagnostic Testing- MEDMO** (Radiology & Advanced Imaging) – Non-Hospital Based **Preventive Drugs**	**$0**
Tier 1 Drugs	**$10**
Primary Care Visit (In-Person & Virtual) **This is the encounter fee only.** *(Unlimited)*	**$25**
Diabetic Supplies *Glucose monitors must be obtained (Per Item)*	**$35**
Diagnostic Testing- OUTSIDE (Radiology) – Non-Hospital Based	**No Cost/$50**
Specialist Visit (In-Person & Virtual) *This is the encounter fee only. (Unlimited)* **Other Services Performed in Physician Office** *In addition to office visit copay.(per visit)* **Home Health Care** *(15 per year)*	**$50**
Urgent Care *(Unlimited)* **Applied Behavioral Analysis** *(10 per year)* **Chiropractic Care** *(10 per year)* **Occupational, Physical & Speech Therapy** *(10 combined per year)*	**$75**
Sleep Studies (Home) *(per study) (Unlimited)*	**$300**
Diagnostic Testing- OUTSIDE (Advanced Imaging) – Non-Hospital Based *(2 per year)*	**No Cost/$350**
Outpatient Services or Surgery – Non-Hospital Based *Includes anesthesia when Medically Necessary. (2 per year)*	**$350**
Durable Medical Equipment (DME) *(Per Item) (Unlimited)*	**$400**
Ambulance Services *Ground ambulance only. (1 per year)*	**$500**
Emergency Services *(1 per year)*	**$750**
Diagnostic Testing (Lab) – Hospital Based **Inpatient Services** *(7 days per year)* **Inpatient Professional Services** *(per admission)* **Inpatient Surgery** *Includes anesthesia when Medically Necessary. (2 per year)* **Outpatient Services or Surgery – Hospital-Based** *Includes anesthesia when Medically Necessary (1 per year)*	**After Deductible, 30% Coinsurance***
Deductible (Individual/Family)	**$2,500/$5,000**
Maximum Out of Pocket (Individual/Family)	**$9,100/$18,200**

DISCLAIMER: BENEFITS LISTED IN THIS ENROLLMENT GUIDE ARE INTENDED TO BE A BRIEF SUMMARY AND ARE SUBJECT TO CHANGE, REFER TO THE SUMMARY OF BENEFITS FOR FULL DETAILS OF THE BENEFITS INCLUDING DESCRIPTION OF COVERAGE AND A LIST OF EXCLUSIONS.