



# *The Combo Plan*

**THE** solution  
to the health  
care *gap*

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**Better Ideas...Better Benefits**

**For the first time, an individual can be admitted to the hospital, or have an outpatient surgery, with no money out of pocket!**

**AND at the same time, enjoy savings on monthly health care expenses!**

## The Health Care Gap

What is the “health care gap”? The health care gap is the amount of money an individual must pay out-of-pocket for a medical-related expense, ie. their deductible and/or co-insurance. The gap is growing every year with no end in sight, resulting in an individual’s increased financial exposure.

### INDIVIDUAL CONCERNS

- According to recent surveys, the cost of family health insurance premiums can be greater than the individual’s mortgage payment.
- Increased deductibles mean greater financial exposure.
- Lost income resulting from a hospital stay or surgery.
- Lost income from having to go to a doctor’s office.
- Possible reduction in overall benefits.

**The #1 reason for bankruptcy in America (over 60%), has been “your” part of the medical bills. The other unfortunate truth is that most of these people had health insurance.**

**Can you afford a hospital stay or out-patient surgery?**

**Most people can’t due to high out-of-pocket maximums.**



# The Combo Plan

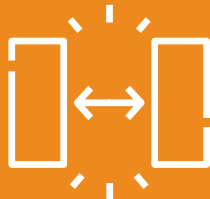
## GOOD NEWS.....THERE IS A SOLUTION!

SBC Benefit's plan allows individuals to save money on their health coverage while minimizing the individual's financial risk!

The *Combo Plan* is Comprised of Four Distinct Benefits:



Healthshare



Gap Plan



Virtual Care or  
Direct Primary Care



Prescription  
Plan

Through the combination of these benefits, SBC Benefits provides you a benefits package second to none.

Most health plans require individuals to pay a deductible as well as a maximum out of pocket expenses. These two items combined can easily be over \$2,500, \$5,000, or even over \$8,000!

People can't afford to be sick or hurt with the out-of-pocket expenses with typical health insurance.

With the unique *Combo Plan* design, the individual can be admitted to the hospital or have an outpatient surgery with no money out of pocket while enjoying savings on their monthly health care coverage cost!

Individuals can choose their level of physician coverage through three different plan options.

**Basic Plan**  
Virtual visits




**Plus Plan**  
Face-to-face visits

**Premier Plan**  
Face-to-face, plus preventative care

# Combo Plan Care Solutions

Stuff Happens! When it does, it's important to know the best route to help you feel better.

See our diagram below to assess the most cost-effective way to get you back on your feet.

		Basic	Plus	Premier
	<b>Level 1</b> <b>Preventative Care</b> The preventative services are standard on the Premier Plan through PHCS, and have no waiting periods or copays. Preventative care is optional through Zion on the Plus and Basic Plans.	<b>Preventative Care</b>  (Optional)	<b>Preventative Care</b>  (Optional)	<b>Preventative Care</b>  Fully ACA Compliant in PHCS Network
	<b>Level 2</b> <b>Minor Illnesses</b> Speak directly to a physician via Telemedicine to assist with colds, flu, infections, skin conditions, provide advice on more serious medical conditions, and more. The doctor is able to call in prescriptions to pharmacy of your choice. No co-pays and unlimited utilization with access 24/7.	<b>Telemedicine</b> 	<b>Telemedicine</b> 	<b>Telemedicine</b> 
	<b>Level 3</b> <b>Chronic Conditions Management</b> You have direct access to physicians who specialize in the area of treatment needed. Care provided for chronic conditions like diabetes, pain management, anxiety, dermatology, asthma, behavioral health, birth control, depression, and more. Also has no-copays, unlimited utilization and 24/7 access.	<b>Chronic Care</b> 	<b>Chronic Care</b>  Network of Physicians	<b>Chronic Care</b>  Network of Physicians
	<b>Level 4</b> <b>Minor Emergencies</b> Should a situation exist where a telemedicine call won't cut it, or your primary care physician isn't available, we got your back. Contact either Galileo or PHCS, based on your plan, who will direct you to the most economical Urgent Care near you. If you choose to go to a hospital emergency room, that visit would be covered only after you have met your IUA. If you are admitted to the hospital, then the gap plan may cover the IUA.	<b>Urgent Care</b>  Refers to cost effective urgent care facility	<b>Urgent Care</b>  In-Network	<b>Urgent Care</b>  In-Network
	<b>Level 5</b> <b>Major Services</b> Provides for catastrophic events such as a hospital stay or surgery. Zion members have an unlimited payout both on an annual basis and lifetime. The IUA (Initial Unshareable Amount - like a deductible), combined with gap plan, results in the individual having no money out of pocket.* If you choose to go to a hospital emergency room, that visit would be covered only after you have met your IUA. However, if you are admitted to the hospital, then the gap plan may cover the IUA.	<b>Hospital/Surgery</b> 	<b>Hospital/Surgery</b> 	<b>Hospital/Surgery</b> 

\*Gap plan pays same amount as IUA. Gap plan pays out once per calendar year and IUA must be met for each new unrelated event.

A healthshare program provides hospitalization and out-patient surgery benefits, along with other features, just like a typical health plan. The **individual may choose any hospital** through a healthshare plan, which has an **unlimited annual payout** for a hospital stay or out-patient surgery. The member responsibility portion or Initial Unsharable Amount (IUA), (like a deductible), is \$5,000. The separate included Gap Plan, pays \$5,000, for a stay in the hospital or outpatient surgery. So the individual has no money out of pocket for a stay in the hospital or out-patient surgery. (more on the gap plan later)

## What is a healthshare program?

A healthshare program is a member-based group where like-minded people exercise their right to take charge of their own healthcare. These types of programs have been around for about 40 years and have many millions of participants. In health sharing, monthly share contributions are used to help pay for other members medical expenses but all claims are paid directly by Zion.



A large part of the appeal of healthcare sharing programs is that they are much less expensive than traditional health insurance.

The healthshare program offered is a medical cost sharing program that helps individuals and families address the challenges of escalating health care costs and soaring insurance premiums. **It is not insurance**, but an alternative where members share in each other's medical needs. The healthshare company collects the member monthly contribution amounts and pays the providers directly, minus any applicable IUA. The IUA is applicable for each medical event per year. Members voluntarily submit contributions (payments), to the program on a monthly basis in order to maintain eligibility for sharing of medical needs and to help share in the needs of others.

## IUA Outline

The Initial Unsharable Amount (IUA) for each member's medical need is the responsibility of member. All qualified medical expenses after the IUA is met are shareable with the Zion Health community at 100% and without an annual or lifetime limit. IUA is a per incident event, but if individual has two related events within 12 months, then only one IUA needs to be met.

[IUA Video](#)

## Pre-existing condition phase in period

Another benefit to the healthshare program is that coverage is guaranteed acceptance, which means if you have a previous health condition, you may still be eligible for coverage. However, that particular condition may not be shareable immediately, but other events/conditions which are non-related to a pre-existing condition would be covered immediately. Please see below:

Pre-existing conditions have a waiting or phase in period. Zion Health attempts to negotiate all medical bills received.

- 1st Year of Membership – Waiting period of all pre-existing conditions.
- 2nd Year of Membership – Up to \$25,000 of sharing for pre-existing conditions.
- 3rd Year of Membership – Up to \$50,000 of sharing for pre-existing conditions.
- 4th Year of Membership and Beyond – Up to \$125,000 of sharing for pre-existing conditions per year.

## Exceptions For High Blood Pressure, High Cholesterol & Diabetes

High blood pressure, high cholesterol and diabetes (Type 1 & 2) will not be considered a pre-existing condition as long as the individual has not been hospitalized for the condition in the past 12 months, and the condition is under control through medication or diet.

**Also provides a \$10,000 death benefit for the two adult members after one year of membership. \$2,500 for Children.**



### ACCEPTING

We do not decline membership to anyone based on their religious beliefs.



### FREEDOM-FOCUSED

We allow our members to work with any provider without network restrictions.



### COMMUNITY-DRIVEN

We voluntarily share each other's medical costs as a community of like-minded individuals.



### ACCESSIBLE

Convenient automatic payment options available through your employer, or on a direct basis with your checking account, or credit card.



### HEALTHY

We encourage healthy living within our community.



### UNLIMITED

We do not have annual or lifetime caps on sharing.



### EFFICIENT

We process our member's medical needs within 5 business days.



### WORLDWIDE

We share medical costs incurred outside the United States.

For further information, please visit [zionhealth.org](http://zionhealth.org)



## Requirements

- Must agree to Member Guidelines of Zion Healthshare.
- Initial Unshareable Amount (IUA) is per occurrence.
- Available for ages 18-64.
- Pregnancy services shared (covered), if conception occurs 60 days after effective date of plan. (See Membership Guidelines for further details)

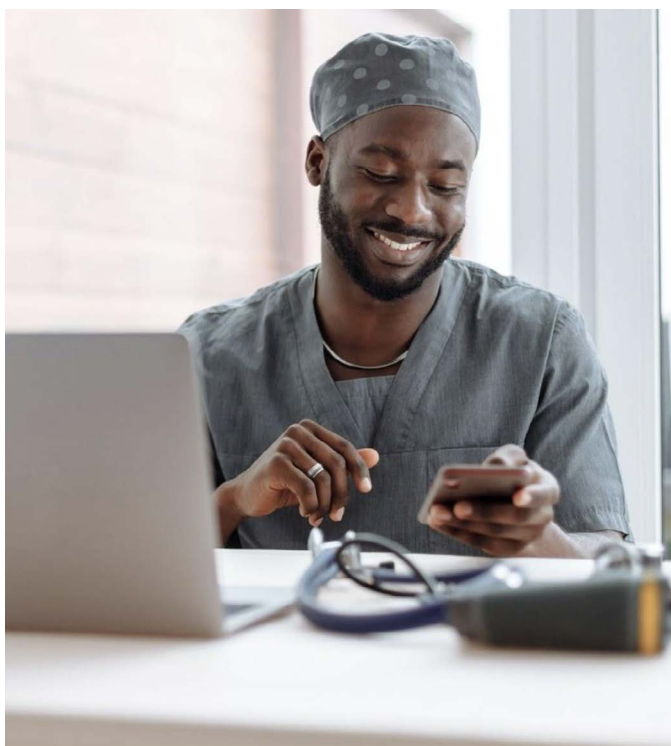
**Should individual have multiple unrelated issues in the same calendar year requiring medical attention, the individual must pay their IUA accordingly. But related treatment within 12 months of previous treatment, does not require another IUA to be met.**

**Memberships are not declined due to religious beliefs, and include unlimited annual and lifetime payouts.**

All medical claims must be submitted to Zion within 6 months from date of service, in order to be paid.

**Shared Expenses** - When going to a medical provider, tell the hospital or surgical center, that you are a cash paying customer and ask for any discounts which may be available. Once services are provided, they will provide you with a bill for care which in turn will need to be sent to Zion to be shared.

## Telemedicine



**Combo Plan also Includes:**

**1.800MD™**

**Telemedicine:** Provides phone access to physicians 24/7 via telephone with \$0 co-payments and unlimited utilization.

The process is to call the Telemedicine provider, speak with intake person and tell them what the care need is, and they will schedule a call from physician to individual. Physician is able to handle basic needs like colds and flu, and call in prescriptions to pharmacy of choice.

Telemedicine does not provide prescriptions for chronic care, pain management, cholesterol, heart issues, etc.

## Gap Plan

The gap plan, as designed, pays only in the event of an inpatient hospital stay, or an outpatient surgery. With the healthshare having an IUA (Initial Unsharable Amount) of \$5,000, the gap plan in turn, pays \$5,000 to the provider.

**So if the participant has an inpatient hospital stay or outpatient surgery, that is covered by the Healthshare plan, the Gap Plan will cover the Healthshare's IUA and the participant will have no money out of pocket.**

Whether someone is admitted to the hospital, or has an out-patient surgery with general anesthesia, the Gap plan pays \$5,000 for either situation.

Gap plan pays out only one time per calendar year. For related issues within 12 months of treatment, then IUA on healthshare does not need to be met again.

Pregnancy is also covered after the plan has been in force for 11 months.

The gap plan is designed to pay the provider directly so the individual generally has no money out-of-pocket.

If an individual has pre-existing conditions, (see the healthshare portion), then that particular benefit will not be covered unless healthshare also covers it.

Participants are issued an ID Card for the GAP plan, which is presented upon admission, along with the ID Card from ZION. Both ZION and the GAP plan process the claims directly to the medical provider.

**Here's how the Gap plan works with the Healthshare:**

**The following example compares the projected out-of-pocket expenses**

	Typical Plan	Combo Plan
Total Hospital Bill	\$15,000	\$15,000
Example Maximum Out-of-Pocket	\$5,000	\$5,000
<i>Combo Plan</i> with <u>Gap Plan</u> Pays	\$0	\$5,000
<b>Individual Total Out-of-Pocket Expense</b>	<b>\$5,000</b>	<b>\$0</b>

**Individual's out-of-pocket expenses would be zero dollars for in-patient stay.**

**Gap plan only provides one payment per covered person per calendar year.**



## Virtual Primary Care (Basic Plan)

Galileo is a primary & multi-specialty virtual practice (telehealth service) staffed with full-time care providers practicing 20+ specialties through a team based approach; members never receive care from AI chat bots or outsourced doctors.

Galileo treats acute issues to chronic conditions & everything in between, delivered through asynchronous chat or video visits, 24 hours/day, with full end-to-end care.

Benefit is available with no appointments needed and has a \$0 copay. Prescriptions may be called in to the pharmacy of your choice.



## Virtual Primary Care

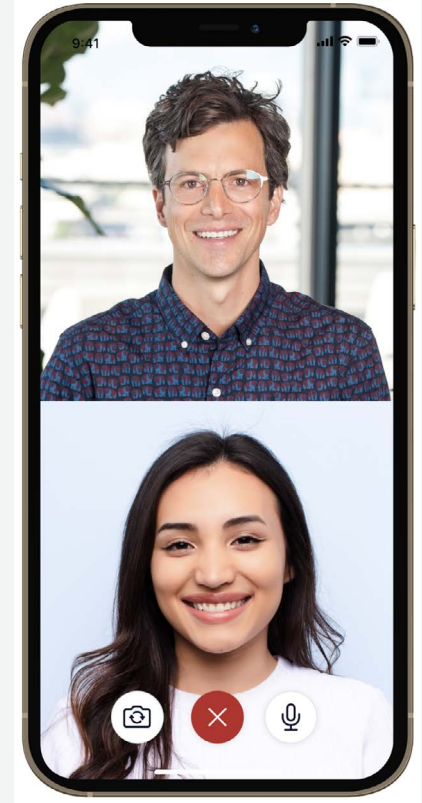
- Unlimited virtual consults with your provider **\$0 copay, no deductible.**
- 24/7/365 virtual sick and virtual urgent care visits.
- Prescription and refills to pharmacy of choice.
- Care navigation services designed to make sure you get the right care, at the right time.
- Provides greater healthcare than standard telemedicine.
- Coverage is nationwide.

## HOW DOES GALILEO WORK?

- Connect with real doctors anytime on the Galileo app through text, phone, or video.
- Access to Primary & Specialty Care providers.
- Galileo covers a full spectrum of conditions including: acne, asthma, anxiety, diabetes, behavioral health, birth control, cold & flu, depression, headaches, hypertension, PrEP and more.
- You can even get an annual wellness exam over video!
- Available in English & Spanish.
- Receive personal care that resolves your concerns thoughtfully and thoroughly.
- Get easy prescription, lab test, and referrals to local specialists in your area.
- No medical claims generated.

### Easy to Use -----

1. Download the Galileo Health app on your Smartphone or Tablet
2. Create an account and input the access code provided
3. Choose from a variety of options including referrals, labs, or prescription requests, take health quizzes, or connect directly with a doctor for your medical needs
4. Simply search for a condition, fill out the intake questionnaire, and be connected to a provider for your particular need
5. Patients may interact with care providers via text chat, video, or phone



### NOTE: Pediatric care is for urgent care use and does not include:

- Well Visits/Primary Care
- Chronic Condition Support
- Behavioral Health
- Reproductive Services

Depending on the care needed, individual is routed to a specialist in that particular area of expertise.  
For example: If there is a skin issue, individual is routed to a dermatologist.

The Galileo plan may be added as an option to the Plus and Premier Plan levels.

[Galileo](#)

## Direct Primary Care (Plus Plan)



The Combo Plan Plus level provides participants with an extra layer of physician access. Individuals through Direct Primary Care have face-to-face doctor office visits via the PHCS network (the nation's largest network), along with specialist visits, and Urgent Care visits.

Physicians are able to perform all treatments covered under the Virtual Care, just in person. (If desired, you may add in the Galileo virtual care as an option).

### Copays & Limits

Service	In-Network	Out-of-Network	Max Payout	Plan Year Limit
Primary Care Visit	\$20	\$50	\$150/visit	3 visits
Specialist Care Visit	\$50	\$100	\$300/visit	2 visits
Urgent Care Visit	\$50	\$100	\$300/visit	2 visits

**Patient is responsible for any physician or urgent care charges above the Maximum Payout listed above. So, shop for best pricing. No pre-certification required!**



### Network

To determine what physicians, specialists, or urgent care facilities are available on the PHCS network, go to:

[www.multiplan.com](http://www.multiplan.com), then Click on Find a Provider in the upper right corner. Then, Click on Select Network, then select PHCS, and then click on Practitioner & Ancillary. Or, you may call 800-922-4362.

All participants will receive a membership card upon enrollment for physician network access.

**Individuals must choose whether they prefer the Virtual Care (Basic Plan) or Direct Care (Plus Plan). The primary care visits are the only difference between the Basic and Plus Plans.**

**This primary care plan does not provide any hospitalization or surgical benefits and is not part of the healthshare program.**

**Benefits are only provided through Diversified Benefit Administrators. This is not a MEC plan.**

## Direct Primary Care (Premier Plan)



The Combo Plan Premier level provides participants with an even greater level of healthcare to keep participants healthier. Provides Direct Primary with face-to-face doctor visits via the PHCS network, with **MORE** specialist visits, and **MORE** Urgent Care visits. **PLUS**, fully ACA compliant preventative care.

### Copays & Limits

Service	In-Network	Out-of-Network	Max Payout	Plan Year Limit
Primary Care Visit	\$20	\$50	\$150/visit	5 visits
Specialist Care Visit	\$50	\$100	\$300/visit	5 visits
Urgent Care Visit	\$50	\$100	\$300/visit	5 visits

**Patient is responsible for any physician or urgent care charges above the Maximum Payout listed above. So, shop for best pricing. No pre-certification required!**

### Preventative Care

The Premier level provides coverage for preventive services as required by the Affordable Care Act. **No copays, no deductibles**, or other out-of-pocket costs are required for these services.

All preventive services are required to be **in-network with PHCS for coverage.**

Preventative care also includes children ages 0-18. All required children's immunizations are provided for children participating in the Combo Plan.

### Network

To determine what physicians, specialists, or urgent care facilities are available on the PHCS network, go to: [www.multiplan.com](http://www.multiplan.com), then Click on Find a Provider in the upper right corner. Then, Click on Select Network, then select PHCS, and then click on Practitioner Only. Or, you may call 800-922-4362.

All participants will receive a membership card upon enrollment for physician network access.

(If desired, you may add in the Galileo virtual care as an option).

**Individuals must choose whether they prefer the Virtual Care (Basic Plan) or Direct Care (Plus Plan) or Direct Care and Preventative (Premier Plan). The primary care visits are the only difference between the Basic, Plus and Premier Plans.**



**This primary care plan does not provide any hospitalization or surgical benefits and is not part of the healthshare program. Benefits are only provided through Diversified Benefit Administrators. This is not a MEC plan.**



The Combo Plan includes a valuable prescription plan to accommodate most prescription situations at a substantially reduced rate.

The BestChoice Rx plan allows an individual to receive over 330 of the most commonly prescribed drugs, for either \$1 or for NOTHING!

[See Rx List](#)

For ongoing brand name prescriptions, plus other cost saving benefits all included under one plan:

- **ALL Prescriptions Discounted:** Provides a savings on drugs up to an 80% discount on retail. Our website can assist you in pricing your medications and even prepaying for them for simple pickup retail or have them sent you your home for even more savings.
- **Offers Lower Pricing:** Name brand medications receive lower pricing, and in many cases, cost 1/3 of the retail price. Great for those who are on regular maintenance drugs.
- **Mail Order:** Get maintenance drugs sent to your home with 90-fill, easy to set-up and save. Over 500 formulations of medications for only \$13.95 for a 90-day supply. No shipping and handling fees if cost of medication over \$13.
- **Prescription Assistance:** Works with pharmaceutical manufacturers, foundations, government, and nongovernment entities to assist financially needs based individuals to pay for medication. The result provides drugs either at no cost, or a substantially reduced rate.
- **Diabetic Supplies:** Discount on diabetic supplies starting as low as \$8.65 a month. If someone is unable to afford insulin or diabetic prescriptions, then they may work with the Prescription Assistance Program.
- **RX Valet for Pets:** [www.rxvaletforpets.com](http://www.rxvaletforpets.com)
- **RX for Pets Basic:** Pet medication discount site will be linked to the BestChoice Rx site. Members will have access and no charge in order to receive discounts on medication for all pets and household.

BestChoice Rx Customer Care team is ready to assist in providing prescriptions at the lowest possible cost and will work with you to make that happen.

All the above prescription benefits are included under one plan and offers unlimited utilization.



# Prescription Plan Upgrade



Same great coverage as the previous page, but even better!

The underlined details below indicate the differences from the base plan on the previous page.

The upgraded level allows individuals to receive over 330 of the most commonly prescribed drugs, for either \$5 or for NOTHING!

[See Rx List](#)

For ongoing brand name prescriptions, plus other cost saving benefits all included under one plan:

- \$10 copayment for ALL other generic medications and \$40 copay for brand name.
- Each member receives a Benefit Credit of \$150 per month which will be applied to the total amount, over the member's co-pay.
- **ALL Prescriptions Discounted:** Provides a savings on drugs up to an 80% discount on retail. Our website can assist you in pricing your medications and even prepaying for them for simple pickup retail or have them sent you your home for even more savings.
- **Offers Lower Pricing:** Name brand medications receive lower pricing, and in many cases, cost 1/3 of the retail price. Great for those who are on regular maintenance drugs.
- **Mail Order:** Get maintenance drugs sent to your home with 90-fill, easy to set-up and save. Over 500 formulations of medications for only \$13.95 for a 90-day supply. No shipping and handling fees if cost of medication over \$13.
- **Prescription Assistance:** Works with pharmaceutical manufacturers, foundations, government, and nongovernment entities to assist financially needs based individuals to pay for medication. The result provides drugs either at no cost, or a substantially reduced rate.
- **Diabetic Supplies:** Discount on diabetic supplies starting as low as \$8.65 a month. If someone is unable to afford insulin or diabetic prescriptions, then they may work with the Prescription Assistance Program. Diabetic Test Strip Programs starting at just \$25 per quarter or \$8.33 per month. (Does not count toward monthly benefit amount.)
- **RX Valet for Pets:** [www.rxvaletforpets.com](http://www.rxvaletforpets.com)
- **RX for Pets Basic:** Pet medication discount site will be linked to the BestChoice Rx site. Members will have access and no charge in order to receive discounts on medication for all pets and household.

All Combo Plan participants are automatically enrolled in the base prescription plan shown on the previous page. Should you want to sign up for the prescription coverage upgrade above, you may do so at time of enrollment.

The upgraded cost per month for an individual is \$17.55.



The Combo Plan



## YOUR PERSONAL HEALTH DASHBOARD™ AT A GLANCE

### About Your Dashboard

Your Personal Health Dashboard™ (PHD) is a secure online personalized web portal which can be accessed at any time from any device. Once enrolled in the policy, members will receive a welcome email with instructions on how to log into the web or download the free app.



## Explore your Personal Health Dashboard™

### Home

View your account information and update personal info anytime. Use the language widget to translate the site to multiple languages. View Risk Resolution Guidelines to improve your health and Health Reminders for ongoing education.

### Assessments

Take your Health Risk Assessment or find numerous mini-assessments to help you better understand your state of health and well-being.

### Medical Records

View your Lab Results, Personal Health Assessment Report, Physician Report and other health records such as a Health Maintenance Schedule.

### Road to Wellness

This offers 4 behavior change modules designed to complete over a couple months. Topics include: **Diet & Nutrition, Fitness, Tobacco Cessation and Stress Management.**

### Library

View our extensive medical library or watch over 300 visually rich multimedia videos to help develop a deeper understanding of conditions and treatments. There is up-to-date medical information, tips for healthy living and much more.

### Health Counts

This customizable incentive management tool enhances your program in one convenient spot. Register for program activities, track points or view and print program documents. Customizable challenges with leaderboard also available.

### Health Tracker

Track your daily activity with the Fitness Tracker and food consumption with the Diet and Nutrition Tracker. Plus, connect your Fitbit, Garmin, Apple Watch or mobile device directly to your PHD.

### HealtheMall

Our HealtheMall offers innovative products that help many different aspects of your well-being. Discover products for everything from couples counseling, weight loss, pain management, travel benefits, vitamins and much more.

**Utilize personal one-on-one coaching to help you achieve your wellness goals.**

The USHC app will also allow you to add the different coverage cards and contact information for ease of access.

## Comprehensive Identity Theft with Full Restoration

**Protect Your Identity. Protect Your Family. Protect Your Home.**

We scan the dark web for any breached data to ensure our customers private and sensitive information remains secure.

## Identity Theft Facts



**6 MONTHS**  
to restore identity

On average, it can take between 100 and 200 hours and six months to restore a stolen identity.



**14.4 MILLION**  
victims in America

Last year 14.4 million Americans became victims of identity fraud, that's nearly 1 in 15 people.



**\$5,000**  
in losses

Losses for Identity theft average \$5,000 or more per incident.



**33%**  
of U.S. adults

Overall, 33 percent of U.S. adults have experienced identity theft.

### Home Title Theft Protection

- Home Title Monitoring
  - New Property Record
  - Change in Owner
  - New Claim on Title
  - Changing in Financing Terms
- Fully Managed Home Title Theft Recovery Services
- Multi Property Coverage
  - Primary Address
  - 2nd Homes
  - Vacation Properties
  - Mechanics liens
  - Court errors

### Basic Identity Theft Protection

- \$25,000 Insurance policy
- Internet monitoring and dark web surveillance
- 24/7/365 Toll-Free Victim Response Center
- ID risk score
- Full restoration and recovery services
- Banking and Account Monitoring

Even if only one person enrolls into the *Combo Plan*, the individual's entire household is covered for Identity Theft.

# Get Paid, Achieve Savings and More!!!



## Live a better life. Save money doing it.

**LIVING 2.0** is a premium brand of lifestyle and health & wellness programs designed to take the pressure and stress out of your monthly budget while improving your life.

From lowering your monthly bills to great deals on travel and big discounts on dining out... even earning rewards for exercising — **LIVING 2.0** makes it easier for you to save money while living your best life.

This bundle of benefits gives you \$100's in monthly savings—every month. The more you use the more you save—members save an average of \$200 to \$300 each month!



### REWARDS FOR WALKING

Earn rewards for every calorie you burn. Get rewards to improve your health and fitness! Earn up to \$10 each day, use earnings in exclusive marketplace for discounts on wellness products and bank your cash in a growing number of cash out options.

All Combo Plan participants are automatically enrolled in Rewards for Walking to encourage healthier lifestyles by being more active. You will receive a Welcome email from Rewards, then all you have to do is download the app on your phone, then start moving, and earning money and additional discounts.



### SAFETY NET

In a world with skyrocketing crime and mysterious illnesses comes a program to protect you and your family from unexpected emergencies. A college daughter with campus trouble, or an elderly parent that falls ill: They speak their custom "safe word" & the app instantly activates: it notifies loved ones, launches a video call, sends their GPS location, and 18 more safety functions to get them out of harm's way.



### LIVING 2.0 DEALS

Get up to 50% off Hotels, Resorts, Car Rentals, Retailers, and Entertainment, too. Get discounts at +57,000 restaurants across the USA, + save \$100's of GROCERY COUPONS. We're guaranteed to beat any public booking website.



### LOWER YOUR BILLS

You upload your bills; we negotiate with your provider and lower your bills. No risk! If we save you money we split the savings with you 50/50. Over \$9.5 million saved for our customers so far! Average savings for your home is over \$750 per year!



### RELATIONSHIP HEALTH

Heal, grow, and strengthen your most important relationships. Learn powerful conflict resolution skills and how to meet each other's needs while deepening your connection, and get the skills that will help all of your relationships.

**In order to access these benefits, go through the USHC Wellness app and look under Benefits.**

# Additional Benefits

Also included in the *Combo Plan*:

## Lab Services (Up to 70% Discount)

As lab tests are needed, utilize our provider relationship for substantial savings on lab tests nationwide.

## MRI/CT Scans and Imaging Discounts (Up to 70% Discount)

Individuals needing a MRI or CT scan can end up spending more than \$1,500. Now, with plan discounts, you can get a MRI or CT scan for less than \$300 in most situations.

## X-Ray Savings (Up to 70% Discount)

Those needing x-rays may also save up to 70% of the cost by utilizing a separate facility close to home.

### Individual Benefits

- Typically, no out-of-pocket expense for stay in hospital or out-patient surgery
- Substantially reduced cost to participate in program
- Allows employee to add spouse and/or children for additional coverage
- Substantially lowers financial exposure for out-patient surgeries and services
- Telemedicine saves employee time off from work, with no co-payments
- Extra peace of mind with Virtual or Direct Primary Care

## Pregnancy for Healthshare and Gap

Pregnancy for Healthshare and Gap Pregnancy is covered after 11 months from the effective date. Complications of pregnancy will be covered as any other sickness.

## Individual Eligibility

- Available for ages 18-64.
- Actively at work for a minimum of 20 hours per week.

[Member Guidelines](#)

[Frequently Asked Questions](#)



*The Combo Plan*

# Exclusions and Limitations

## Exclusions:

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to, or as a natural and probable consequence of any of the following:

1. Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury or any act of auto-eroticism, while sane or insane;
2. Declared or undeclared war, or any act of declared or undeclared war;
3. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Covered Person is not covered due to his/her active-duty status will be refunded. Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded);
4. The Covered Person's being intoxicated (defined as blood alcohol concentration equal to or in excess of 0.08 gms/dl blood alcohol). This applies whether or not the Covered Person is charged with any violation in connection with a loss and there is no need to prove a loss was caused, contributed to, or resulted from the excessive blood alcohol concentration;
5. The Covered Person's:
  - voluntary use of illegal drugs;
  - the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and
  - intentional misuse of prescription drugs;
6. The Covered Person's commission of or attempt to commit a felony;
7. The Covered Person being engaged in an illegal occupation;
8. Services and supplies which are received without charge or legal obligation to pay or would not normally be paid in the absence of insurance;
9. For the Gap plan, services and supplies which are received outside of the United States of America, its possessions and territories;
10. Dental care or treatment unless due to an injury to a sound and natural tooth;
11. Cosmetic surgery or reconstructive surgery, including breast reduction and surgery to repair, replace, or remove breast implants; however, this exception does not apply when surgery is required:
  - to repair a birth defect of a child born to the Employee and continuously covered under the Policy from birth; or
  - for reconstructive surgery following a covered mastectomy;
12. Any covered loss that is covered under any state or federal Worker's Compensation, Employer's Liability law or similar law;
13. Any procedure for refractive correction, eye refraction or the purchase or fitting of vision or hearing aids, cochlear implants and related devices;
14. A custodial institution, domiciliary care or rest cures;
15. Weight reduction or treatment of obesity, including exogenous, endogenous or morbid obesity; or
16. Diagnosis or treatment (including surgery) of sexual dysfunctional disorders or inadequacy, or transsexual surgery.
17. For the Gap plan, pay out for out-patient surgeries will not be paid unless outpatient surgery has been performed with member receiving general anesthesia.

# SBC Benefits, LLC

*DEDICATED TO BROKERING BENEFITS AND BUSINESS SOLUTIONS.*

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