

IMA Total Advantage Card Benefit Solution



A Non-Insured Benefits Proposal

Prepared for Vail Valley Partnership

Introduction

As healthcare costs, deductibles, and premiums continue to rise year after year, employers and employees are looking for answers. Our benefit solution is an easy, affordable way for employers to mitigate over-utilization of their health plans, while helping employees get the care and assistance they need in a timely manner and at the same time reduce their out-of-pocket expenses. Employees have access to doctors 24/7, resources for navigating the complex healthcare system, and tools for promoting wellness. Increase productivity, decrease absenteeism, boost morale, and reduce medical costs.

From our unique suite of benefits to our unrivaled service and support, we're here to help you launch a successful program. We understand benefits are just one part of the solution. It takes strategy, technology, and manpower to implement any benefits plan effectively. With New Benefits, you get more than benefits. You get the power of our entire team.



Package Options

PACKAGES	BENEFITS
IMA Total Advantage Card	MeMD (\$0 Consult) Health Advocacy Medical Bill Saver NurseLine Pharmacy Vision Dental Diabetic Supplies Vitamins Hearing Aids
IMA Total Advantage Card Plus	All Benefits In The Above Package + ID Sanctuary Enhanced Family Roadside Assistance Global Travel Assistance

PRICING			
	Employer Paid	Employee Paid	Direct Pay
IMA Total Advantage Card	\$8.25 pmpm	\$11.50 pmpm	\$12.50 pmpm
IMA Total Advantage Card Plus	\$14.25 pmpm	\$17.50 pmpm	\$18.50 pmpm

Additional Terms:

- Wholesale pricing above is per member per month (pmpm)
- Member is defined as the member, spouse and all legal dependents (benefits good for the entire immediate family)
- Membership materials include two membership cards and a full-color 5"x8" booklet with a description of benefits.
- * For Direct Pay, member will be charged a one-time \$3.95 application fee to cover the cost of membership material.

Implementation Guide

STEP 1: PICK IT

Select the benefit package(s) that make the most sense for your employees. You can choose to pay for the program for your employees or make it available through payroll deduction. We recommend providing the program at no cost to your employees, as they will be more likely to utilize the benefits. We'll provide you with the corresponding documentation and forms to get started.

STEP 2: SIGN IT

Complete and sign the Employer List Bill Agreement reflecting the package selection and billing information. The signed agreement can be emailed to the Account Executive (AE) listed on the form and the setup process begins! Please note the Billing Contact will receive your statement at the end of each month.

If you elect to offer these benefits as employee-paid, voluntary programs, you will need to either have a payroll deduction form completed by each employee or we can provide information to be integrated into your existing benefit enrollment platform. This information can be provided in multiple formats including PDFs or RSS Feeds.

STEP 3: ACTIVATE IT

As the group is going through internal setup, a New Benefits Account Coordinator will email the Billing Contact listed on the List Bill Agreement to verify his/her email address and reinforce key points of the contract. Send your AE an eligibility file for all eligible employees. Eligibility files must include employees' first and last name, address, a unique ID and email address. You will also use this same file format to submit adds and terminations. We can receive these files directly from you or we can work with your enrollment platform vendor.

BILLING

Very important! New Benefits bills in arrears. You are invoiced for all employees active the last business day of the month. The invoice is emailed to the billing contact provided on your List Bill Agreement within three to four business days of the 1st of the month. Payment is due by the 20th day of each month. We accept payment via check, credit card or bank draft. Recurring monthly payments are available and we can automatically charge a credit card or bank account for the list bill total. If payment is not received by the 20th of the month, we will send a payment reminder email. Don't let your group be deactivated for nonpayment. The deactivation and reactivation process can impact an employee's access to a benefit when they need it.

TIMELINE

The implementation timeline begins with receipt of Employer List Bill Agreement. New Benefits requires approximately two weeks before we can print and ship employee member materials. Eligibility can be received during this two week setup.



DESCRIPTION

Illness or injury can strike suddenly! MeMD gives members and their families access to medical help via telephone or web, any time, day or night – \$0 per visit. When primary care is not available, during travel or after-hours, MeMD's national network of US-licensed, board-certified medical providers is available to diagnose and prescribe medication* when medically necessary for common, acute conditions.

MeMD can treat:

- Abrasions, bruises
- Colds, flu and fever
- Sore throat, cough, congestion
- Allergies, hives, skin infections
- Bites and stings
- Minor headaches, arthritic pains
- Medication refills (short-term)*
- Diarrhea, vomiting, nausea
- Urinary tract infections
- Headaches, body aches
- Eye infections, conjunctivitis
- And more!

**Prescriptions cannot be written for controlled substances or elective medications. Services not available in Arkansas or outside of the continental United States (except Hawaii).*

Services are limited to three \$0 consults per family member per month, additional consults are \$45.

HOW IT WORKS

- Prior to using this service, members register online or via phone.
- Each member must provide Medical History online or by phone, similar to paperwork completed at the doctors' office. It takes 10 minutes to complete.
- Once this is complete, members may go online or call to schedule a consultation. A physician will call the member back within three hours, in most cases less than an hour.
- Repeat steps for each participating family member.

LINKS + RESOURCES

- MeMD Website: <http://memd.me/feelbetter/>

IMPORTANT INFO

MeMD provides online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not a replacement for your primary care physician or an annual doctor's office visit.

When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed. MeMD is available 24/7 nationwide, subject to state regulations.



Schedule an appointment
online

MeMD.me/feelbetter/



Talk to a MeMD medical
provider by phone or video
consult

FAQ

Q. How does MeMD work?

A. Members may either call MeMD or visit the website. Once online, the member will be asked to register, create an account and log in, allowing him to request a real-time video or phone consultation with one of MeMD's medical providers. The provider will review the medical history and perform a video exam or phone consultation within minutes. The diagnosis and care instructions are provided electronically, and any medically necessary prescriptions are sent to the member's local pharmacy of choice. If urgent care is required, member will be immediately referred to visit the nearest emergency room or urgent care center. Most visits are completed within 30 minutes or less.

Q. How quickly will I hear back from a provider?

A. The average callback time is 8 minutes during peak hours. Patients calling in the middle of the night may experience longer wait times.

Q. Does MeMD take the place of a primary doctor or specialist?

A. No. The MeMD telehealth program is designed to supplement care when a patient's primary physician is unavailable; such as in the evening, on holidays and weekends or when traveling. A primary care doctor or specialist is still the best choice for ongoing treatment and care.

Q. Can MeMD handle my emergency situations?

A. MeMD is designed to handle non-emergent medical problems. You should not use MeMD if you are experiencing a medical emergency.

Q. Can I request a particular medical provider?

A. No. MeMD is designed to support your relationship with your existing doctor. It is not a means of establishing an exclusive relationship with a MeMD medical provider. Please know that all MeMD medical providers are highly qualified and go through rigorous training and credentialing.

Q. Are the number of consults unlimited?

A. No. \$0 consult visits are limited to three consults per family member per month. Additional consultations will incur a \$45 fee.

Q. Will I see a quality provider?

A. Yes. Care is provided by MeMD's medical team of US-licensed board-certified physicians, nurse practitioners and physician assistants who practice in healthcare facilities across the United States.

Q. Can I get a prescription?

A. MeMD does not guarantee prescriptions. It is up to the medical provider to recommend the best treatment. MeMD medical providers do not issue prescriptions for substances controlled by the DEA, non-therapeutic and/or certain other drugs which may be harmful because of their potential for abuse. These include, but are not limited to, antidepressant drugs such as Cymbalta, Prozac and Zoloft. Based on treatment protocols, providers may not prescribe an antibiotic for viral illnesses such as; most colds, sore throats, coughs, sinus infections and the flu. Medical providers may suggest alternative treatment options such as a prescription for symptom relief or over-the-counter medication. Also, non-therapeutic drugs such as Viagra and Cialis are not prescribed by MeMD.

Q. How are prescriptions sent to the pharmacy?

A. MeMD does not dispense prescription drugs. If a MeMD provider prescribes medication, it is submitted electronically or by phone to your pharmacy.

Q. Is my electronic health record kept private?

A. MeMD employs robust encryption methods to protect your personal information. You determine who can see the information in your record.

Q. Can I call MeMD outside of the United States?

A. No. MeMD consults are unavailable outside of the United States.

Q. Is a webcam required?

A. A webcam may be required in certain states.

BENEFIT PROVIDER BACKGROUND

Leading telehealth service provider MeMD is headquartered in Scottsdale, Arizona. MeMD is revolutionizing the healthcare industry by offering access to affordable, convenient, and secure web-based healthcare nationwide. MeMD combines proven telemedicine technologies with business model innovations to improve access to medical providers, reduce healthcare costs, and make the experience of seeing a physician convenient, enjoyable, and affordable – the way it should be. For more information visit www.MeMD.me.

Health Advocate Services

DESCRIPTION

Time is money. Personal Health Advocates help members navigate through insurance and healthcare systems. Health Advocate Solutions includes:

Health Advocacy: Personal Health Advocates help your members navigate through insurance and healthcare systems. Advocates can also locate doctors, specialists, hospitals, dentists and pharmacies as well as research treatments, resolve claims and provide medical explanations so your members can make more informed decisions.

- Untangle medical bills and insurance claims
- Clarify benefits and answer questions about tests, treatments and medication options
- Coordinate care among multiple providers
- Assist with eldercare and related healthcare issues
- Arrange second opinions and transfer medical records

Medical Bill Saver™: Individuals are responsible for more out-of-pocket medical and dental costs than ever before. Medical Bill Saver™ provides skilled negotiators who will attempt to negotiate discounts for your members, no matter their benefit status. Negotiations can lead to a reduction in their out-of-pocket costs. Once an agreement is made, the provider signs off on payment terms and conditions. Your members will receive an easy-to-read personal Savings Results Statement, summarizing the outcome and payment terms.

NurseLine™: Your members have a place to turn to for trusted advice and information when they need it most. Rest assured—highly trained registered nurses are on-call 24/7 to answer questions for non-urgent concerns. Nurses can offer self-care tips, direct members to the appropriate care for immediate attention or offer advice on how to ease common problems such as a sore shoulder. NurseLine can help with everything from fevers or flu symptoms to at-home remedies or side effects of medications.

HOW IT WORKS

- Members call a designated toll-free number and explain their needs. When members call about an issue, a trained Personal Health Advocate will review the problem, determine the member's needs and ask questions about the member's overall healthcare situation.
- During the first call to Health Advocate, members will be assigned to a Personal Health Advocate (PHA), typically a highly trained registered nurse, who will take responsibility for helping the member. Personal Health Advocates are backed by a staff of medical directors and administrative experts.
- The member's PHA can help with numerous related medical and administrative issues. For example, members are provided assistance in finding qualified doctors and hospitals for complex needs.
- Health Advocate is available to assist members, the member's spouse, dependent children, parents and parents-in-law.



Call Health Advocate



Online Resources

[HealthAdvocate.com](https://www.healthadvocate.com)



Use the Mobile App
[Click here to download](#)

Health Advocate Services

LINKS + RESOURCES

Health Advocate Video: <https://itunes.apple.com/us/app/health-advocate-smarthelp/id561029373?mt=8>

Health Advocate Vendor Video: <https://youtu.be/rOWMuVJlxUQ>

IMPORTANT INFO

Health Advocate is not a replacement for health insurance coverage, nor do we provide medical care or recommend treatment. But we can assist members by providing a range of services, helping meet healthcare needs and working through issues with healthcare professionals and insurance companies. Health Advocate can be blended with PPO networks. NurseLine is not intended to be used in the event of life-threatening emergencies.

FAQ

Q. When would I use this benefit?

A. Call Health Advocate if you need help finding a doctor in your network; you are trying to find a dependable caretaker for your aging parent; you've been through a major medical procedure and can't understand the bills; you believe you've been overcharged on a medical or dental bill; you need help coordinating payments to multiple providers; you want more information about a specific condition, test, or treatment; you want to find a doctor for a second opinion; and much more.

Q. What are the typical issues that Health Advocate handles?

A. Health Advocate representatives can address many medical questions and issues; including finding primary care and specialist physicians and medical institutions, and resolving claims, billing and related administrative problems. Health Advocate also helps you access community resources, including senior care services that fall outside traditional healthcare coverage.

Q. How do I use this benefit?

A. Whether you're confused by your health insurance, need help finding a specialist or transferring your medical records, Health Advocate cuts through the red tape. Call the number on the back of your membership card to speak with a representative.

Q. Who will I speak with when I call?

A. Health Advocate representatives are typically registered nurses supported by medical directors and benefits and claims specialists, who have a number of years of experience working in healthcare-related jobs. They are screened to make certain that they have both excellent personal communication skills and the necessary professional credentials.

Q. How does this benefit save me money?

A. Medical Bill Saver can identify billing and claims processing errors, which could reduce your out-of-pocket expenses. Representatives can also help negotiate provider charges, which can be another source of savings.

BENEFIT PROVIDER BACKGROUND

Health Advocate™, a subsidiary of West Corporation, is the nation's leading healthcare advocacy and assistance company. Founded in 2001 by five former Aetna U.S. Healthcare senior executives, Health Advocate helps group sponsors and their respective employees throughout the country deal with issues they encounter while accessing the healthcare and insurance systems. Health Advocate™ complements basic coverage by facilitating members' interactions with insurers and healthcare providers, saving client companies and their employees both time and money and increasing the value of their healthcare dollar.

Health Advocate Services

LINKS + RESOURCES

Health Advocate Video: <https://itunes.apple.com/us/app/health-advocate-smarthelp/id561029373?mt=8>

Health Advocate Vendor Video: <https://youtu.be/rOWMuVJlxUQ>

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Pharmacy

DESCRIPTION

Members save 10% to 85% on most prescriptions at 60,000 pharmacies nationwide including CVS, Walgreens, Target and more. Your members just present their card to save an average of 46% on their prescriptions.

- Members can compare prescription prices and find participating locations at RxPriceQuotes.com
- Even if your members have insurance, they can present both cards at the pharmacy to receive the lowest price
- Immediate family included

HOW IT WORKS

- Members call or visit our website to find participating pharmacies in their area.
- Members present their membership card along with their prescription to the pharmacist at participating locations. The pharmacy computer system will compare our contracted discount price with the pharmacy's retail price when the prescription is processed. The member pays the lower of the two prices directly to the pharmacy at the point of sale.
- The total discounted fee must be paid at the time service in order to receive a discount.
- If the pharmacy happens to be selling any maintenance medications prescribed to treat ongoing ailments, such as high blood pressure and arthritis, for less than the contracted price, the member will receive the pharmacy's best price.

LINKS + RESOURCES

- Pharmacy Video: <https://youtu.be/UcHy8fb-Gjg>

IMPORTANT INFO

Pharmacy discounts are Not Insurance, and are Not Intended as a Substitute for Insurance. **The discount is only available at participating pharmacies.**



Find a pharmacy
MyMemberPortal.com



At the pharmacy, show your
card and prescription to save



For questions, call our
Member Support call center

Pharmacy

PRESCRIPTION SAVINGS EXAMPLE

Drug Name	Quantity	Retail Price	Discounted Price	Savings Percentage
High blood pressure medication (Amlodipine Tab 10MG)	30	\$26.92	\$8.17	69%
Antibiotics (Azithromycin Tab 250MG)	6	\$29.29	\$11.90	59%
Corticosteroid (Methylprednisolone 4MG)	30	\$57.06	\$9.55	83%
Seizure medication (Clonazepam Tab 1MG)	30	\$26.77	\$10.27	61%
Antidepressant (Escitalopram Tab 20MG)	30	\$17.72	\$9.25	47%
Proton pump inhibitor (Omeprazole Cap 40MG)	30	\$56.82	\$12.22	78%
Insomnia medication (Zolpidem Tab 10MG)	30	\$37.30	\$8.19	78%
Cholesterol medication (Simvastatin Tab 20MG)	30	\$19.74	\$8.18	58%

Based on member savings in August 2016. Prices are subject to change without notice and may vary by region. Payment must be made at the time of service in order to receive a discount.

BENEFIT PROVIDER BACKGROUND

The New Benefits Pharmacy program is administered in conjunction with OptumRx. New Benefits partnered with OptumRx to create a pharmacy program which would ensure competitive prescription discounts, as well as provide the optimum member experience. OptumRx boasts a national network of more than 67,000 community pharmacies.

Vision

DESCRIPTION

Our eyes are the windows to our health. Now your members and their family can see better savings at over 20,000 vision providers nationwide including chains and local retailers. Members save 10% to 60% on glasses, contacts, laser surgery, exams and even designer eyewear.

- 20% to 60% off prescription eyewear including most frames, lenses and specialty items such as tints, coatings and UV protection
- 10% to 30% off eye exams
- Participating chains include LensCrafters, Pearle Vision, Visionworks, JCPenney, Sears, Target and more
- 10% to 40% off contact lenses through America's Eyewear mail order service
- 15% to 50% off eyeglasses and sunglasses through FramesDirect.com
- 40% to 50% off the national average cost of LASIK surgery

HOW IT WORKS

- Members call or visit our website to find participating providers in their area.
- Members present their membership card with the Coast to Coast Vision logo at participating locations to receive savings on their procedures and vision products.
- The total discounted fee must be paid at the time service in order to receive a discount.
- Members can also visit our website to access discounts on contact lenses through America's Eyewear and eyeglasses and sunglasses through FramesDirect.com.

LINKS + RESOURCES

- Vision Video: <http://youtu.be/Z9nnpwQl1Qk>

IMPORTANT INFO

Coast to Coast Vision™ is not available in Vermont. Coast to Coast Vision™ providers may exclude the following from discounts:

- Exclusive frame lines like Cartier, which contractually prohibits a retailer from discounting their products
- Marketing Promotions/Sales
- Promotional Package Pricing
- Disposable Contacts (Cole Vision Retail Stores offer a 10% discount on disposable contact lenses. Members may also purchase disposable contacts through the mail order service.)



Find a provider
MyMemberPortal.com



At the eye doctor, show
your card with the Coast to
Coast Vision logo



For questions, call our
Member Support call center

AMERICA'S EYEWEAR SAVINGS EXAMPLE

Series	America's Eyewear	1-800 Contacts	VisionDirect.com	Coastal.com
1-DAY ACUVUE (30 pack)	\$24.50	\$36.99	\$27.49	\$26.49
ACUVUE ADVANCE for ASTIGMATISM	\$30.95	\$47.99	\$39.99	\$36.89
ACUVUE OASYS (12 pack)	\$67.50	\$67.98	\$67.50	\$67.50
ACUVUE OASYS for ASTIGMATISM	\$30.95	\$47.99	\$40.00	\$40.00
AIR OPTIX for ASTIGMATISM	\$44.50	\$59.99	\$57.99	\$55.99
AIR OPTIX AQUA	\$30.65	\$44.99	\$36.99	\$39.95
AIR OPTIX MULTIFOCAL	\$56.35	\$81.99	\$68.49	\$80.89
BIOFINITY	\$34.12	\$49.99	\$34.99	\$34.95
BIOFINITY TORIC	\$42.95	\$69.99	\$55.99	\$59.99
DAILIES AQUA PLUS (90 pack)	\$42.95	\$59.99	\$57.49	\$50.95
PROCLEAR TORIC	\$41.00	\$69.99	\$46.99	\$45.50
PROCLEAR MULTIFOCAL	\$42.01	\$82.99	\$54.99	\$57.99
PUREVISION MULTIFOCAL	\$42.01	\$79.99	\$46.99	\$59.99

BENEFIT PROVIDER BACKGROUND

Coast to Coast Vision was founded in 1989 and is owned and operated by New Benefits. Coast to Coast Vision has grown to more than eight million members nationwide. Providers must meet specific standards. This vision network is comprised of quality independent optometrists, ophthalmologists and opticians, as well as high profile chains like LensCrafters, Pearle Vision, Visionworks, Sterling Optical, Sears Optical, Target Optical and JCPenney Optical. Completion and attestation of a confidential questionnaire is required before providers are added to the network. Each provider must pass verification standards before participation. Confirmation and primary source verification of the State licensure and the Liability coverage is required.

This program provides quality eye care professionals and quality eyewear by mandating standards set forth in our CTC Provider Agreement. Each agreement states all frames and lenses must meet the exacting standards of the American National Standards Institute (ANSI) 1987 and 1989. In addition, the CTC program offers a 30-day guarantee on each pair of eyeglasses. Members may return their eyewear for any reason within 30 days of purchase for a full refund. Coast to Coast Vision reimburses providers for the cost to ensure full compliance with the guarantee. Total quality is an important part of New Benefits' corporate culture — from our staff to our products to our providers.

Aetna Dental Access

DESCRIPTION

Help your members smile brighter with big savings at over 213,000* available dental practice locations nationwide. Members can use their card over and over again to save throughout the year. Members just present their card with the Aetna Dental Access® logo and pay the discounted price at the time of service.

- In most instances, members save 15% to 50% per visit**
- Save on dental services such as cleanings, X-rays, crowns, root canals and fillings
- Also includes specialty dental care such as orthodontics and periodontics

**As of August 2016. **Actual costs and savings vary by provider, service and geographical area.*

HOW IT WORKS

- Members call or visit our website to find participating providers in their area.
- Members present their membership card with the Aetna Dental Access® logo at participating locations to receive savings on their procedures.
- The total discounted fee must be paid at the time service in order to receive a discount.

LINKS + RESOURCES

- Dental Video: <https://youtu.be/bQQLVvxSRdk>

IMPORTANT INFO

The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.



Find a provider

MyMemberPortal.com



At the dentist, show your card with the Aetna Dental Access® logo



For questions, call our Member Support call center

Dental

SAVINGS EXAMPLE

Dental Service	Average Cost*	Average Cost with Aetna Dental Access*	YOU SAVE
Periodic Oral Exam	\$65	\$34	\$31
Comprehensive Oral Exam	\$102	\$48	\$54
X-Ray Panoramic Film	\$136	\$74	\$62
Cleaning (Prophylaxis)—Adult	\$118	\$65	\$53
Cleaning (Prophylaxis)—Child	\$86	\$48	\$38
Filling— 1 Surface Resin(White) Filling, Front (Anterior) Tooth	\$190	\$97	\$93
Crown— Porcelain Fused to High Noble Metal (i.e. gold)	\$1,225	\$817	\$408
Root Canal Front Tooth (Anterior) Excluding Final Restoration	\$820	\$506	\$314

Actual costs and savings may vary by provider, service and geographic location. We use the average of negotiated fees from participating providers to determine the average costs, as shown on the chart. The select regional average cost represents the average fees for the procedures listed above in Los Angeles, Orlando, Chicago and New York City, as displayed in the cost of care tool as of 06/01/2016.

BENEFIT PROVIDER BACKGROUND

Aetna is one of the nation's leading diversified healthcare benefits companies located in Hartford, Connecticut, serving approximately 27.9 million members with information and resources to help them make better informed decisions about their healthcare. Aetna offers a broad range of traditional and consumer-directed health insurance products and related services, including medical, pharmacy, dental, behavioral health, group life, long-term care and disability plans, and medical management capabilities. Their customers include employer groups, individuals and college students, part-time and hourly workers, health plans and government-sponsored plans. For more information please go to www.aetna.com.

Diabetic Supplies

DESCRIPTION

Diabetes can be hard to manage—big savings on supplies can make life easier. Your members get 60% off average retail prices and free shipping on all packages, and an extra 15% off any single order item. Members will never run out of supplies or wait in long lines.

- Packages include a premier glucose meter, control solution, test strips, lancets and lancing device
- Packages are \$29.99 to \$169.99 per month
- Easy ordering, regular shipments and convenient home delivery

HOW IT WORKS

Members call or visit the website to order diabetic supplies packages.

FAQ

Q. When would I use this benefit?

A. Insurance coverage for diabetic supplies varies by health plan. Use this benefit for products not covered under your plan. For example, diabetes medications might be covered under your prescription benefit, while test strips and other supplies may not be covered.

Q. How much does it cost?

It depends on how many times a day you test yourself. You have to check what package is best suited for you. Visit the website to view the different plans.

Q. How much is Shipping and handling?

Absolutely nothing when you order our plans. If you order a la carte you will pay for shipping and handling.

Q. Can I cancel any time?

You can cancel any time you wish. There are no contracts with us.

Q. What about when I need supplies again?

You have the option to select either one-time payment or we can automatically re-bill you every 3 months so you have to do nothing but sit and relax. We will send you an email 10 days before your next delivery is due to alert you. You also have the option in your member area to change any preferences.



Order supplies
MyMemberPortal.com



For questions, call our
Member Support call center

Diabetic Supplies

SAVINGS EXAMPLE

Plan 1 Retail price = \$34.99/month Member = \$29.99/month Testing 1 time/day	Plan 2 Retail price = \$57.49/month Member = \$49.99/month Testing 2 times/day	Plan 3 Retail price = \$80.49/month Member = \$69.99/month Testing 3 times/day
Plan 4 Retail price = \$103.49/month Member = \$89.99/month Testing 4 times/day	Plan 5 Retail price = \$114.49/month Member = \$99.99/month Testing 5 times/day	Plan 6 Retail price = \$126.49/month Member = \$109.99/month Testing 6 times/day
Plan 7 Retail price = \$149.49/month Member = \$129.99/month Testing 7 times/day	Plan 8 Retail price = \$172.49/month Member = \$149.99/month Testing 8 times/day	Plan 9 Retail price = \$195.49/month Member = \$169.99/month Testing 9 times/day

Actual costs and savings vary by provider and geographical area.

BENEFIT PROVIDER BACKGROUND

Diabetic Solutions was formed in 2005 and is headquartered in Sandwich, Massachusetts. The company was formed because friends and family suffered physically, emotionally and financially from Diabetes. Diabetic Solutions has established a great relationship with their warehousing and distribution partner, GlucoLab™. GlucoLab™ allows Diabetic Solutions to purchase large quantities, store them for minimal costs and, in turn, offer members significant discounts.

Vitamins

DESCRIPTION

Everyone has different health goals, and Vitacost has the products to help your members reach them. They'll save 10% on the most trusted brands of vitamins, supplements, health foods, sports nutrition and wellness products.

- Mobile app or online ordering available
- 30-day money-back guarantee
- Everything from natural household supplies and baby care essentials to skin care products and gluten free foods

HOW IT WORKS

- Members call or visit Vitacost.com for ordering and convenient home delivery.
- A discount code entitles members to the 10% savings.
- Mobile app also available.

FAQ

Q. When would I use this benefit?

A. You can use this benefit to find low prices online for vitamins, supplements, household items, food and cooking items, baby products, beauty products, and much more.

Q. Can I use this benefit at any retail location?

A. The benefit is only available online or by phone.

Q. What are the advantages of using this benefit as opposed to shopping for vitamins at my local retailer?

A. In addition to receiving an additional 10% off already everyday low prices and low flat rate shipping, you can choose from top name brands and over 12,000 products from the convenience of your home or office.

Q. Aside from vitamins, what other products are discounted?

A. In addition to vitamins, you will find discounts on weight loss products, fish oils, digestive aids, antioxidants, sports nutrition and more.

BENEFIT PROVIDER BACKGROUND

The discount vitamin program is provided by Vitacost. Located in Boynton Beach, Florida, Vitacost started as a vitamin mail order company in 1994 and later added e-commerce in 1999. Named by Inc. magazine as one of the nation's 500 fastest growing private companies in 2001, 2002, 2003 and 2004; Vitacost credits its success to selling products at significant discounts and shipping most orders the same day it receives them.



Shop for vitamins
[MyMemberPortal.com](https://www.vitacost.com)



Use the discount code
during checkout



Order by phone

Hearing Aids

DESCRIPTION

55% of seniors cite cost as a reason for not using hearing aids. Your members receive a free initial screening and save 35% at retail locations nationwide.

- Two-year supply of hearing aid batteries and two-year warranty, with a one-time replacement for loss or damage
- Unlimited follow-up care for cleaning and checkups with purchase
- Complimentary evaluations every two years
- Two year manufacturer's warranty, including a one-time replacement for loss or damage*
- 100% Service Satisfaction Guarantee during the first 60 days
- Patient financing options

* Members must pay for all repairs not included in the warranty.

HOW IT WORKS

- Members call or visit the website to find a Connect Hearing location.
- Members call to schedule an appointment at the selected location.
- Members are sent a confirmation letter with a map and directions to the clinic location.

IMPORTANT INFO

Discounts cannot be combined with any other promotional offer, discount, rebate, health insurance benefit or value-added discount plan. Unlimited follow up visits will be provided at no cost to the member; however, any costs for repairs no longer under the manufacturer's warranty will be at the expense of the member.

BENEFIT PROVIDER BACKGROUND

Connect Hearing Centers has been providing audiological and hearing aid services since 1970. They have developed a process to verify and corroborate the information provided for credentialing, re-credentialing and delegated credentialing of audiological technicians and fully-licensed clinicians. Connect Hearing also has an automated customer satisfaction process that sends appointment reminders, follow-up calls, emails and letters.



Find a Connect Hearing location

MyMemberPortal.com



Schedule an appointment by phone

ID Sanctuary

DESCRIPTION

Identity thieves target Americans of all ages and at all stages of their lives, from childhood, college, and marriage to home ownership and retirement. For this reason, more organizations are providing identity theft management services to their customers and members. Members appreciate these services, and welcome the identity protection, especially when they need it most. ID Sanctuary combines the power of CyberScout's FraudScout® credit & fraud monitoring and LifeStages® identity management services. With ID Sanctuary powered by industry leader CyberScout, your members can rely on immediate, personalized attention from a fraud specialist whenever they need it. Fraud specialists are armed with the knowledge to help reduce the risk of identity theft and provide unlimited resolution assistance should the member fall victim—providing your members with emotional support and peace of mind.



- Unlimited 24/7 resolution assistance and step-by-step guidance through the identity restoration process if a member is ever a victim of identity theft or fraud
- Document replacement assistance when identification documents such as Social Security cards, birth certificates, passports and driver's licenses are lost, stolen or destroyed
- Checking and savings account alerts
- Credit inquiry activity alerts
- Credit bureau reports, scores and monitoring
- Access to an online educational resource with news articles, information, tips and best practices to protect against identity theft
- Includes monitoring for the member and up to four legal dependents over the age of 18

HOW IT WORKS

- Monitoring will not begin until members activate their account and dependent account(s)
- Activation and new dependent registration occur within the Member Portal
- Members can call fraud specialists any time to report an ID theft incident or for advice and support

LINKS + RESOURCES

- ID Sanctuary Video: <https://youtu.be/W74ppPCI7A>

IMPORTANT INFO

Dependent credit monitoring is limited to four adult dependents, 18 years and older. Members can still call fraud specialists and request a search of SSN for dependents under the age of 18. If there is any fraudulent activity found on the minor's account, ID Sanctuary will resolve it at no additional cost.



Activation and dependent registration on Member Portal



Call to speak with a fraud specialist

ID Sanctuary

FAQ

Q: How does ID Sanctuary monitor my identity?

A: ID Sanctuary detects potential fraud by monitoring a full-range of credit and non-credit information including:

- Public records
- Change of Address
- Court records
- Single bureau credit report and score
- Cyber internet surveillance – chat rooms and websites are monitored for your personally identifiable information (name, SSN, email, phone number, credit/debit cards)
- Social media channels

Q: How does ID Sanctuary resolve identity theft when it occurs?

A: As a member, you can call the toll-free number on the back of your membership card for 24/7 assistance. A fraud investigator from CyberScout will lead the resolution process and help you every step of the way. You will receive a personalized review and a customized, appropriate course of action. Once fraud has been resolved, your fraud specialist will conduct a six-month follow-up to ensure no other issues have occurred and to answer any additional questions.

BENEFIT PROVIDER BACKGROUND

Since 2003, CyberScout (formerly IDT911) has been leading the charge against hackers, thieves and even simple human error by providing unrivaled solutions that deliver valuable prevention education, proactive protection services and swift and appropriate incident remediation. Services are provided through more than 660 client partners that include 16 of the top 20 U.S. property and casualty insurance carriers, six of the top seven Canadian insurers, major credit unions, banks and numerous Fortune 500 companies.

CyberScout's longstanding reputation, industry expertise and scalable approach offer businesses and their customers a trusted ally for Identity Management; Breach Education, Preparation, Response and Remediation; Fraud, Credit and Reputation Monitoring; and Cyber Security and Data Privacy Consulting.

CyberScout offers coverage in all 50 states, as well as in Canada, the United Kingdom and Puerto Rico with a staff of over 100 experts including bilingual specialists and veteran fraud specialists and investigators, who have an average of nine years of experience.

Roadside Assistance

DESCRIPTION

Don't leave your members stranded! Roadside Assistance is there for your members and their immediate family to help with a flat tire, lock-out, battery, collision and towing—with coverage up to \$50. They will even bring fuel, oil, fluid and water 24/7.

- Available 24 hours a day, 365 days a year
- Up to 10 miles towing (up to \$50 retail value) per occurrence maximum for covered charges
- Covers Member, spouse and dependent children up to age 21 permanently residing at registered address
- Towing Assistance
- Flat Tire Assistance
- Fuel, Oil, Fluid and Water Delivery Service
- Lock-out Assistance
- Battery Assistance

HOW IT WORKS

- Members contact Emergency Roadside Assistance 24-hour number to have an authorized service provider dispatched to their assistance.
- Assistance obtained through any source other than the Emergency Roadside Assistance provider is not covered and is not reimbursable.
- In the event that service is not obtainable through the Emergency Roadside Assistance provider, the member will receive an authorization number from the Emergency Roadside Assistance provider and will receive a refund of payments made according to the program benefit and coverage limits for services secured independently.

IMPORTANT INFO

Limit one service within 72 hours and five services per year. This is not an insurance product. For a complete explanation of this benefit log on to MyMemberPortal.com and read Terms and Conditions.



Call for assistance



Read the full terms and conditions online
MyMemberPortal.com



Keep your membership card
in your wallet!

Roadside Assistance

FAQ

Q. How does this benefit work?

A. Call the number on the back of your membership card and a service provider will be dispatched to your location. Roadside Assistance is available throughout the United States and Canada, 24/7. You will only be responsible for any costs that exceed the \$50.00 per occurrence limit plus any non-covered costs.

Q. Do I need to remain with my vehicle until the service provider arrives?

A. Yes. Providers are not allowed to service an unattended vehicle so it is important that you remain with your vehicle after you call for assistance.

Q. If I choose my own service provider will I be reimbursed?

A. Assistance obtained through any source other than the Roadside Assistance call center is not covered and is not reimbursable. If a covered service is not obtainable by calling the Roadside Assistance call center, you will receive an authorization number from Roadside Assistance and will receive a refund of payments made according to the program benefit and coverage limits.

Q. What exactly is considered a “covered emergency?”

A. The following are covered emergencies, subject to \$50.00 per occurrence limitation:

- Towing Assistance—When towing is necessary, the covered vehicle will be towed to the closest qualified service facility or to any location requested
- Battery Service—If a battery failure occurs, a jump-start will be applied to start the covered vehicle
- Flat Tire Assistance—Service consists of the removal of the flat tire and its replacement with your spare tire
- Fuel, Oil, Fluid and Water Delivery Service—An emergency supply of fuel, oil, fluid and water will be delivered if you are in immediate need (you must pay for the fuel or other fluid when it is delivered)
- Lock-out Assistance—If your keys are locked inside of the vehicle, Roadside Assistance will provide assistance in gaining entry to the vehicle

BENEFIT PROVIDER BACKGROUND

Nation Safe Drivers (NSD) has been in business since 1962. They have spent the last 45 years perfecting the elements they feel are most important to motorists – courteous, professional and timely servicing. NSD seeks to only partner with companies which have the same or similar dedication to high standards of customer service. Their customer service commitment is one reason why NSD has grown to service over 8,000 partners nationwide. Unique to NSD is their ability to keep their clients’ best interest in mind and achieve the program goals while keeping the cost of servicing lower than that of their competitors.

Global Travel Assistance

DESCRIPTION

When your members travel 100 miles or more from home, help is just a phone call away. Members rest easy knowing they have a global network of doctors, assistance personnel and emergency benefits.

- Emergency medical evacuation
- Monitoring of treatment
- Replacement of lost or stolen travel documents
- Transportation to join a family member in the hospital
- Travel for dependent children
- Pre-travel and security information
- Coordination of hospital payments and insurance
- Medications and vaccines
- Transfer of money
- Translation services
- Return of mortal remains

HOW IT WORKS

- Members should always carry their card when traveling 100 or more miles away from their home residence or home country.
- If a medical or travel problem occurs, members should call Travel Assistance. The phone numbers for the worldwide Travel Assistance network are printed on the membership card. If the member is in a country not listed, they should call the United States coordination center collect.
- If the condition is an emergency, members should immediately go to the nearest physician or hospital without delay and then contact Travel Assistance.
- A coordinator will ask for the member's name, the company's name and group number provided in the membership materials, and a description of the situation.
- A multilingual coordinator will immediately render whatever assistance is necessary. Travel Assistance monitors cases until the situation is resolved.

LINKS + RESOURCES

- Read [Terms and Conditions](#) for exclusions

IMPORTANT INFO

Global Travel Assistance not available to NY, FL, OR or WA residents.



Call for travel assistance services within the U.S.



You will need to provide information on your membership card



Call for travel assistance outside the U.S.

Global Travel Assistance

FAQ

Q. When would I use this benefit?

A. You can use this benefit when traveling more than 100 miles from home for any type of illness or injury. What if you were on a family vacation to a foreign country and broke your leg? Global Travel Assistance can find a trustworthy medical facility and coordinate treatment and payment, including translation services.

Q. Are there any times Global Travel Assistance cannot help?

A. Global Travel Assistance cannot help you if you're traveling against the advice of a physician, need assistance related to a natural disaster or traveling to a country that is not deemed safe for travel.

Q. How does Global Travel Assistance help find medical care?

A. Global Travel Assistance has a global network of over 50,000 providers. The network contains hospitals, clinics and doctors, as well as other providers in the travel insurance industry, such as air ambulances, house call doctors and medical escorts. Global Travel Assistance members are referred based on the medical specialty needed, location, language, office hours, training, etc.

Q. Does Global Travel Assistance require that I go to certain medical facilities?

A. You should contact Global Travel Assistance before choosing a hospital so that we can refer you to facilities that we have previously worked with. If you go to other providers, we cannot be certain of the level of treatment. However, Global Travel Assistance will provide the same services regardless of where you are treated.

Q. What happens in the event I am hospitalized?

A. Notify Global Travel Assistance as soon as possible. They will then monitor your care and work through the details of foreign hospitalizations. They will promptly speak with the treating doctor to assess your condition, treatment plans and whether or not an evacuation is necessary. Global Travel Assistance will update your family, employer and personal doctor as needed. Also, they will coordinate all insurance verifications and admission details.

Q. How does Global Travel Assistance facilitate hospital admissions?

A. Global Travel Assistance coordinates all billing and insurance verifications, including settling any guarantees of payment. This ensures that there is no delay or denial of medical treatment because you cannot make the up-front payment or your insurance is not recognized.

Q. What if the local facilities are not able to provide treatment?

A. If facilities are inadequate, the Global Travel Assistance Regional Medical Advisor will report on the safety of an evacuation, any medical needs you may require en route and evacuation plan details. Global Travel Assistance will consult with all parties involved and fully manage the evacuation.

Q. Once I am released from the hospital, do the services end?

A. Global Travel Assistance helps you until you have returned home or have received final treatment.

BENEFIT PROVIDER BACKGROUND

Since 1977, UnitedHealthcare Global Assistance has been dedicated to serving the needs of international travelers and expatriates. Over this span, UnitedHealthcare Global Assistance has grown to become a recognized leader in the travel assistance and international medical insurance marketplace. Operating from a centralized coordination center in the United States, UnitedHealthcare Global Assistance has worldwide coverage, global medical assistance expertise, and an unsurpassed network of over 50,000 providers around the world, including the UnitedHealthcare Global Assistance Physician Advisors, Medical Centers of Excellence, credentialed air ambulance resources, specialized security providers and preferred provider organizations. Each year, UnitedHealthcare Global Assistance handles more than 25,000 assistance cases and handles hundreds of emergency evacuations.

Employee Experience

At New Benefits, we provide the tools to keep your employees engaged.

PERSONALIZED MEMBERSHIP MATERIAL

After an employee eligibility file is received, each employee will be mailed a personalized membership card and booklet. The booklet has everything a new member needs to start saving time and money.

The booklet and card contain telephone numbers and websites for both the benefit provider and New Benefits. Our Member Support team is based in Dallas and is available by phone M-F 7am-7pm and Saturday 8am-5pm CST.



MEMBER WEBSITE

For employees who would prefer to view benefit information online, they can visit our interactive member portal, MyMemberPortal.com. The website has instructions for how to use the benefits and a search function to find participating providers. Employees can easily share their benefit experiences and nominate providers. MyMemberPortal.com is also available on mobile devices and tablets.

myMemberPortal.com

HOME MEMBERSHIP KIT CONTACT US

Member ID: 108030286
MY ACCOUNT LOGOUT

We've Updated Our Look!

Our new website is streamlined for easier navigation. You can now find all your benefits listed below. Click on any benefit name for full details. Click on My Account in the top right corner to update contact information, change your password, submit feedback and more. Enjoy your membership!

Click on a benefit below to get started.

- ALTERNATIVE MEDICINE
- DENTAL POWERED BY AETNA DENTAL ACCESS®
- DIABETIC SUPPLIES
- DOCTORS ONLINE
- GLOBAL TRAVEL ASSISTANCE
- HEALTH ADVOCATE™ SOLUTIONS
- HEALTH WEALTH CONNECTION
- HEARING AIDS

Need help figuring out which benefit to use?

Teladoc

- I need to register myself and/or dependents with Teladoc [More >](#)

Doctors Online

- I am looking for treatment advice via email from a doctor, pharmacist, psychologist, dentist or dietician [More >](#)

Health Wealth Connection

- I am looking for guidance in managing stress or depression [More >](#)

Member Call Center

MEMBER SUPPORT

New Benefits maintains a call center equipped to handle customized and general toll-free numbers answered by trained representatives. To meet the varying needs of our members, the call center maintains a full-time staff of 10 Service Advocates, including five Spanish-speaking Service Advocates, one Manager and a Service Experience Coach. Our workforce is available to handle a wide variety of inquiries Monday through Friday, 7:00 am to 7:00 pm and Saturday, 8:00 am to 5:00 pm Central Time. Members are welcome to leave a voice message after hours and calls are returned by a designated Service Advocate within one business day. Additionally, members can access benefit information and provider listings by visiting our website at MyMemberPortal.com.

Quality management includes scoring of representative calls along with coaching that includes review of the recorded calls. Each Service Advocate receives two scored calls each week. Performance is discussed with the Service Advocate during monthly coaching sessions. All team members are expected to maintain a 90% average on scored calls.

KEY SERVICE DELIVERY STANDARDS

Process Step	Standard Time	Standard Quality Frequency	Process Definition
Calls Answered	3 seconds	99%	The time it takes our automated phone system to answer the call.
Inbound Call Handling	30 seconds	80%	Average time for a Service Advocate to answer the call.
Problem Resolution	Less than 72 hours	99%	Amount of time to resolve a problem and call the member back to communicate the outcome.
Call Backs	Next business day	99%	Average time to return calls when phones are in "night mode."
Registration	3-5 business days	100%	Turnaround time to process application and mail the membership Kit.

About Our Company

27 YEARS IN BUSINESS. 25 MILLION MEMBERS. ONE COMPANY.

New Benefits is a privately held company headquartered in Dallas, TX. New Benefits is the leader in non-insured health, personal security, financial, travel and leisure benefits. We have served associations, insurance companies, banks, credit unions, brokerage/consulting firms, insurance agencies, TPAs and employers since 1990. Thousands of clients and millions of members trust New Benefits to deliver exceptional customer service and support, superior products, administration, print services, billing and compliance while promoting integrity and honesty in the marketing of non-insured products and services.

Commitment to Excellence

New Benefits is built on its core values of flexibility, leadership, integrity, innovation and passion. We are serious about service and continually strive to reach higher standards in each part of our business by challenging every employee to focus on quality and continuous improvement. These efforts, coupled with our ambition to learn and adapt to the trends and demands of a rapidly changing business environment, directly relate to our success in this industry.

Non-insured Benefits

Programs administered by New Benefits are not insurance. Our programs help members save time and money on their healthcare and everyday needs. Our benefits are integrated onto one membership card, which can be used by the member and his/her immediate family. Numerous testimonials reveal our members renew at a rate of 80% to 90% each year because our benefits work. We ensure a 30-day unconditional money-back guarantee.



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