



Benefits For Your Health and Well-Being

2026 Open Enrollment Guide



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Welcome to Open Enrollment

It's time to choose your benefit options for this plan year!

Open Enrollment is when you can re-evaluate your benefit needs and make changes to benefit selections.

This guide contains information about the benefits options available for eligible **Sonsray, Inc.** employees.

Eligibility and Enrollment

Who is eligible to enroll?

Employees: Full-time employees who are regularly scheduled to work at least 30 hours per week are eligible to participate in the Group Health Plan.

Eligible Dependent(s): You can enroll yourself & your eligible dependent(s) in benefits.

Eligible dependents include your:

- Legal spouse or domestic partner.
- Child(ren) up to age 26, regardless of student or marital status, or other coverage options.
- Unmarried child(ren) of any age who are incapable of supporting themselves due to mental or physical disability and who are totally dependent on you.

How do I enroll?

The first step is to review your current benefit elections. Take this opportunity to think about the changes you and your family have experienced in the past year or anticipate in the coming year. Then, review the benefit plans and programs outlined in this guide and determine which plan options will best meet your needs. Submit your elections following the instructions provided by your Employer.

What if I need to make changes during the year?

You can change your benefit elections outside of Open Enrollment only if you experience a Qualified Life Event (QLE).

Basic types of QLEs include:

1. Birth or adoption of a child
2. Marriage, divorce, or legal separation
3. You or your dependent turning 26 and losing coverage
4. Change in employment status for you or your spouse that results in a gain or loss of benefits.

If you have a Qualified Life Event and want to make benefit changes during the year, you must submit appropriate notification within 30 days of the qualified event.



Health Coverage Terms to Know

When choosing a health plan, you may run across terms and phrases that are unfamiliar to you. Understanding these common health coverage terms can help as you decide on coverage for the coming year.

1. PREMIUM

Your premium, also known as your employee contribution, is the amount you pay for health care coverage, and is deducted from your paycheck.

2. DEDUCTIBLE

Your deductible is what you pay up-front for care and is a set amount for the year. For most services, you will have to pay the full cost until you hit your deductible amount. After that, your health plan kicks in and shares costs for the rest of the year.

3. COPAY

A copay is a fixed amount that you pay when you receive care.

How this works with your deductible: Typically, you don't need to meet your deductible for the copay amount to apply, and the money you spend on copays doesn't count toward your deductible.

For example: If your plan has a \$20 copay for every in-network specialist visit, you will owe \$20 when you go in for your visit.

4. COINSURANCE

Coinsurance is a varying amount that you pay when you receive care and is calculated as a percentage of the allowed amount for a service.

How this works with your deductible: Typically, coinsurance doesn't kick in until you've met your deductible.

For example: You've met your deductible of \$1,000. If your plan has a 10% coinsurance for every in-network specialist visit, and your recent visit is \$100, you will owe \$10.

5. OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most you'll pay for care during your plan year before your health insurance begins to pay 100 percent of any allowed amounts.

It's important to note that this amount does NOT include your premium, balance-billed charges, or healthcare services your plan doesn't cover



MEET ALLIED:

Your Health Plan Administrator



Allied Benefit Systems, LLC is the nation's largest third-party administrator for self-funded employer groups. As your health plan administrator, Allied serves alongside your HR Team as a trusted guide and advocate for all things related to your benefits.

What Does a Health Plan Administrator Do?

A health plan administrator is a partner your employer chooses to expertly manage the day-to-day details of your health plan.

This means Allied is here to:

- Process your medical claims quickly and accurately.
- Answer questions about your coverage, claims, or benefits.
- Help verify your benefits and coverage with your healthcare providers.
- Give you secure, 24/7 access to your health plan details through the My Allied Portal.
- Help you find and use the programs and support services included in your health plan

Why Is This Important for You?

Having a dedicated health plan administrator like Allied ensures your benefits are managed correctly, your questions get real answers, and you have someone to rely on throughout your healthcare journey.

Allied's focus is on making your experience smooth, understandable, and supportive—so you can confidently get the most out of your health plan.



Getting Started With Allied

Important Member Resources

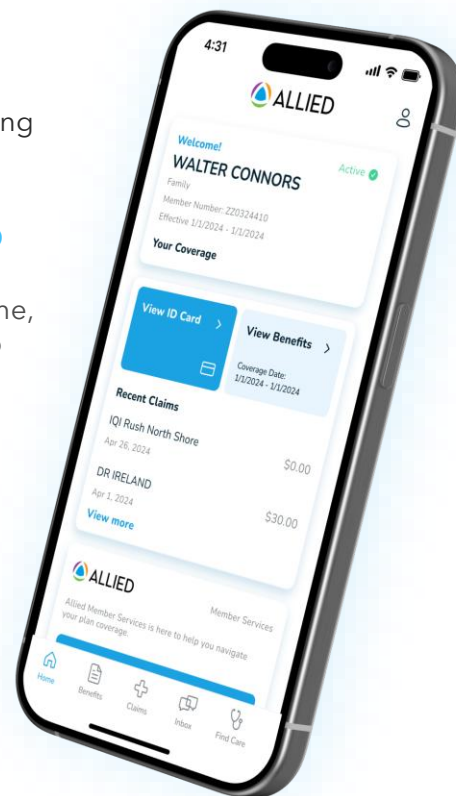
Allied offers a wealth of resources designed to help you and your family get the most from your health plan. From easy-to-use digital tools to caring, personalized support, everything is here to make accessing your benefits simple—so you can spend less time managing your coverage and more time enjoying what matters most.

Manage your benefits at-home or on-the-go

Allied's member portal allows you to manage your benefits at any time, from any device. Simply download the **My Allied Portal mobile app** or log in at member.alliedbenefit.com to get started.

With My Allied Portal, you can:

- View and share your digital ID card with providers.
- Find in-network providers and compare costs.
- Track claims, benefits, and deductible progress.
- Explore what's covered under your plan
- Discover enhanced Care programs for you and your family.



Expert advice, just a phone call away

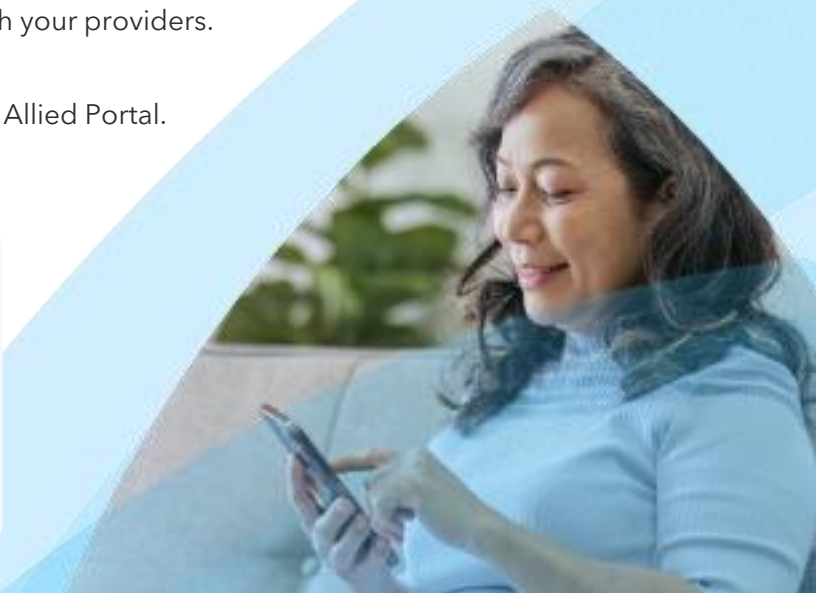
Alongside powerful digital tools, the **Allied Member Services Team** is here whenever you need personalized support from a live person who understands your needs.

Reach out any time for help:

- Submitting claims or understanding your medical bills.
- Verifying benefits and coverage details directly with your providers.
- Finding in-network providers.
- Navigating your benefits and tools through the My Allied Portal.
- Resolving complex care or billing issues.

Call Allied Member Services at
833-918-1384

Monday-Friday, 8:00 am to 8:00 pm CT
Saturday 9:00 am to 12:00 pm CT



Find a Provider

How Your Provider Choice Impacts Costs

Here's what you need to know about in-network versus out-of-network care.

In-Network vs. Out: What's the Difference?

Your health plan is designed to help you save money when you get care.

One of the biggest ways it does this is by giving you access to the **Blue Shield of CA** network of providers, which includes:

- Doctors
- Hospitals
- Labs
- Radiology centers
- Surgical centers

When a provider is **"in-network,"** it means they've met certain credential requirements and agreed accept a discounted rate for covered services under the health plan.

If a provider doesn't have a contract with **Blue Shield of CA**, they're considered **"out-of-network."** This means they can charge you the full price for care—which is often much higher than the in-network discounted rate.

Why Out-of-network Care Often Costs More

You're probably being charged full price.

The **Blue Shield of CA** network doesn't have a contracted relationship with out-of-network doctors and facilities. So, they can't control what they charge for their services. And their rates may be higher than the discounted "in-network" rate.

You may be billed for the difference between the doctor's bill and what your plan will pay.

Many health plans list an amount that is the most they'll pay for a certain service received out-of-network. If the doctor or facility charges more than your plan is willing to pay, you pay the difference. In-network doctors and facilities have agreed not to do that.

Your share of costs is different - and usually higher:

When you use a doctor or facility that is out-of-network, your deductible and other out-of-pocket costs may be much higher than the in-network cost. Review your plan materials for details on your specific medical plan.

Key Takeaway

Sticking with in-network providers is the best way to avoid surprise bills and keep your healthcare costs manageable. It helps you get the care you need while making the most of your health plan's benefits and discounts.

How to Find a Blue Shield of California Health Care Provider



Blue Shield of California PPO Network

Checking Your Providers Before Your Plan Begins

If you are new to the Allied health plan and want to see if your current providers are in-network with Blue Shield of California:



You may also search online:

STEP 1

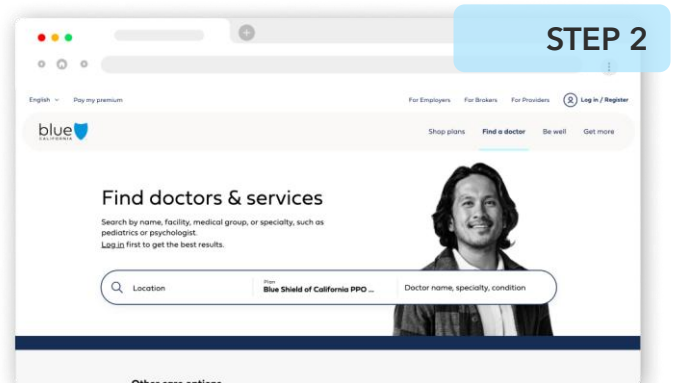
Navigate to www.blueshieldca.com/networkppo..

STEP 2

On the screen, complete the following fields:

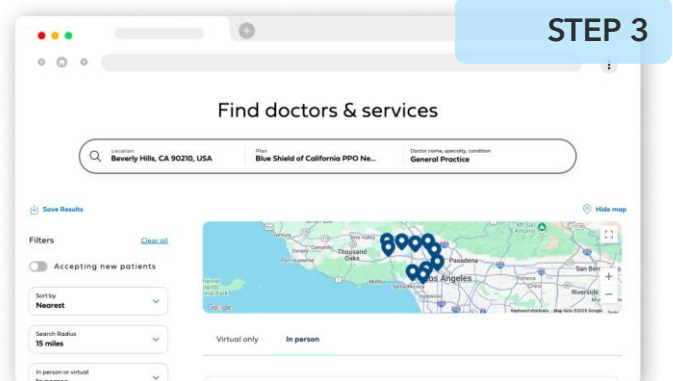
1. Location
2. Plan: **Blue Shield of California PPO Network.**
3. Enter a **doctor name, specialty, or condition.**

After selecting your search criteria, the browser will automatically advance to the next screen.



STEP 3

Scroll down to review your search results and providers profiles.



How to find urgent or emergency care outside California

You are always covered for urgent and emergency care when away from home. To find providers in the U.S., visit provider.bcbs.com or call BlueCard Access at **(800) 810-BLUE (2583)**.

To find international providers, visit bcbsglobalcore.com or call the Blue Shield Global Core service center collect at **(804) 673-1177** from outside the U.S.

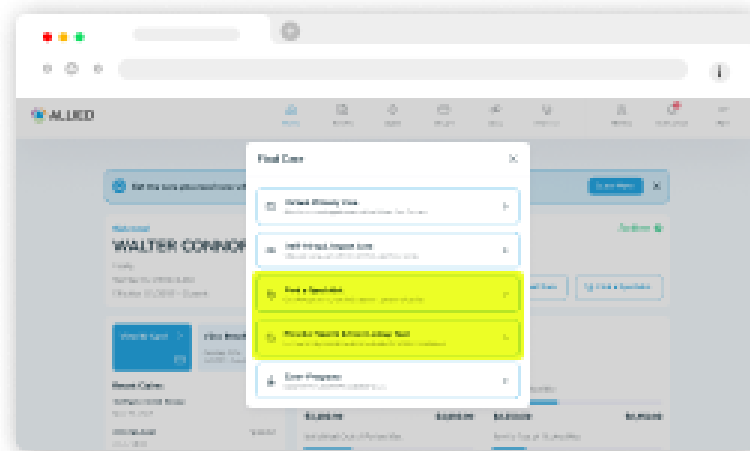
If you discover that your current provider is out of network, **reach out to Allied Member Services** using the phone number listed above for guidance. They can help you find appropriate in-network providers, so you're set up for a smooth transition after your coverage goes live.

Finding Providers After Your Coverage Starts

Once your coverage is active, use the **'Find Care'** menu in the **My Allied Portal** mobile app or browser:

The **'Provider Finder'** widget is a self-serve tool that helps you locate in-network providers and estimate out-of-pocket costs for covered medical procedures.

For specialty care, use the **'Find a Specialist'** widget to connect with a Care Navigator who will recommend top-ranking physicians for your needs, using real data and evidence-based quality and cost metrics.



Before Your Appointment

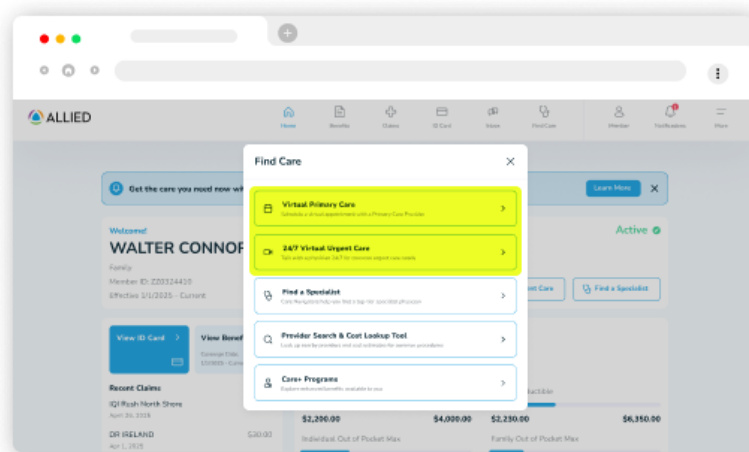
To avoid issues with coverage or claims, take these steps before seeing your provider:

- Confirm your provider still participates in the Blue Shield of California Network and is covered under your benefit plan.
- Follow any preauthorization steps required by your plan (the phone number is on your ID Card).
- Bring your current ID Card to every appointment to ensure your claims are processed correctly.

Free Virtual Care Options

As an enrolled member in an Allied medical plan, you and your covered family members¹ have access to virtual care services via the My Allied Portal—at no cost to you!

Connect with a board-certified Recuro Health physician using the **'Virtual Primary Care'** widget for day-to-day primary care needs like wellness and annual health assessments, checkups for ongoing conditions, support with everyday health issues, medication adjustments and refills, referrals to in-person specialists, and more.



If You Need Assistance

- For questions about your benefits, the status of a claim, or virtual care options, call Allied Member Services at **833-918-1384**

¹ Members must be at least 18 years old to receive Virtual Primary Care services through Recuro Health. Urgent Care services are available to members of all ages. Behavioral Health services are limited to members aged 14 years or older. For dependents under 18 years old, the primary account holder must request the visit on their behalf through the app, website, or by phone; the parent/guardian must be present at the beginning and end of each visit.

Your Member ID Card



Your member ID card contains key information about you and your coverage. Keep your card with you at all times, so it is easily and readily accessible. Anytime you visit your doctor, hospital, or other health care provider, remember to show them this card so they know how to bill for the services they are providing you.

Front of card

1 blue shield of california

2 Member Name:
JOHN SAMPLE
Member ID:
TM-900005200

3 Allied Group No: **A00010** Plan: **HPN** **4**

4 Plan Code: **001** BSC Group ID: **W3000000**

5 RxBIN: **023103** IN INN OOP: **\$3500** **6**

RxGRP: **RXALLI** FAM INN OOP: **\$10500**

ABCompany

- 1. Blue Shield of California** – The network of providers and hospitals you have access to with your health plan. It's important that you visit healthcare providers who are in the Blue Shield of California network to maximize your plan benefits.
- 2. Member Name and Member ID** – This section identifies who you are to the health care provider. Providers will use this information to verify benefits and eligibility.
- 3. Allied Group No.** – Allied is the third-party health plan administrator responsible for processing your health insurance claims and delivering one-on-one customer service support. When you need help, call Allied at the number listed on the back of your ID card. Our Member Services team is ready to help you review your claims and explanation of benefits, track your deductible progress, check your plan benefits, copays and coinsurance amounts and much more! You will use the Allied Group Number to identify yourself to the Allied Member Services team and to sign up for the My Allied Portal.
- 4. BSC Group ID, Plan and Plan Code** – This information identifies the specific group policy and plan you are enrolled in. Providers will use this information to verify benefits and eligibility.
- 5. Rx Information** – This confirms the pharmacy benefit information you will need to fill a prescription. Call the pharmacy member services number listed on the back of your ID card for pharmacy-related questions.
- 6. Plan Information** – This details your coverage level, deductibles, and out-of-pocket maximum amounts for your medical plan.

Back of card

7 All dialysis providers are out-of-network other than those performed at ABCompany, Victor Valley, and Hamel/Maniha provider. This plan does not access or use the Blue Shield of California network for dialysis providers. Contact Allied for questions 833-918-1384

Participants: These Members have no or limited out-of-area benefits and any benefits they have are only available when receiving services from BlueCard PPO network.

Providers: File all claims with your local BCBS plan or, when Medicare is primary, file all Medicare claims with Medicare first.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims

5 RxBenefits Pharmacy Benefit Administrator

www.blueshieldca.com/HPNEPO

866-695-8622 Health Advocate

833-918-1384 Customer Service

800-892-1893 Pre-Admission/Prior Authorization

800-810-2583 Locate a Provider Outside of CSC

800-334-8134 RX Benefits

www.rxbenefits.com

Send California Medical Claims to:

Blue Shield of California
P.O. Box 272540
Chico, CA 95927-2540

- 4. BSC Group ID, Plan and Plan Code** – This information identifies the specific group policy and plan you are enrolled in. Providers will use this information to verify benefits and eligibility.
- 5. Rx Information** – This confirms the pharmacy benefit information you will need to fill a prescription. Call the pharmacy member services number listed on the back of your ID card for pharmacy-related questions.
- 6. Plan Information** – This details your coverage level, deductibles, and out-of-pocket maximum amounts for your medical plan.
- 7. The back of your card** has important information for your provider on how to submit claims, how to engage with Allied Member Services, and who to contact for pre-certification of applicable procedures.

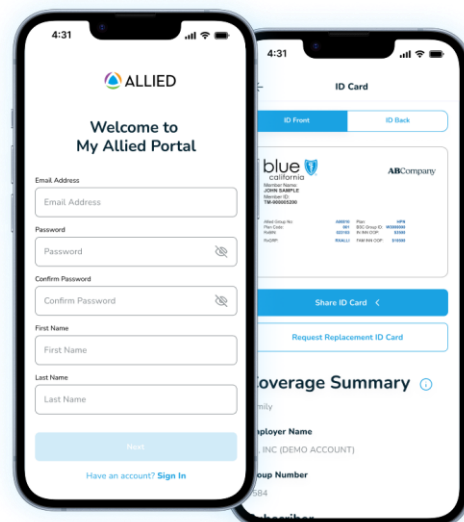
Example only. Information on your ID card may vary.

Accessing Your ID Card and More

Once you are enrolled in the health plan, you will receive two (2) physical ID cards in the mail. ID cards will arrive to your home before your plan's start date.

For a digital copy of your ID card:

- Download the My Allied Portal app from your device's app store or visit member.alliedbenefit.com.
- Click **'Sign Up'** and follow the prompts to activate your member profile.
- From your Allied member portal, you can print a temporary ID card, request a physical replacement card mailed to your home, or use the digital card on your phone for instant access.



My Allied Portal



Accessing your health plan just got easier

Once you are enrolled in an Allied health plan, you will have access to the comprehensive My Allied Portal. My Allied Portal allows you to navigate your benefits and proactively manage your healthcare at any time from any device.

Get ready to unlock your benefits:



Simplified Access

With the My Allied Portal app, your health plan information is always at your fingertips, making it simpler than ever to navigate your healthcare plan.



Find Providers and Compare Costs

Search for in-network providers and get personalized cost estimates for thousands of covered medical procedures.



Explore Your Care Programs

Understand what's covered under your health plan and discover enhanced care programs available to you and your family.



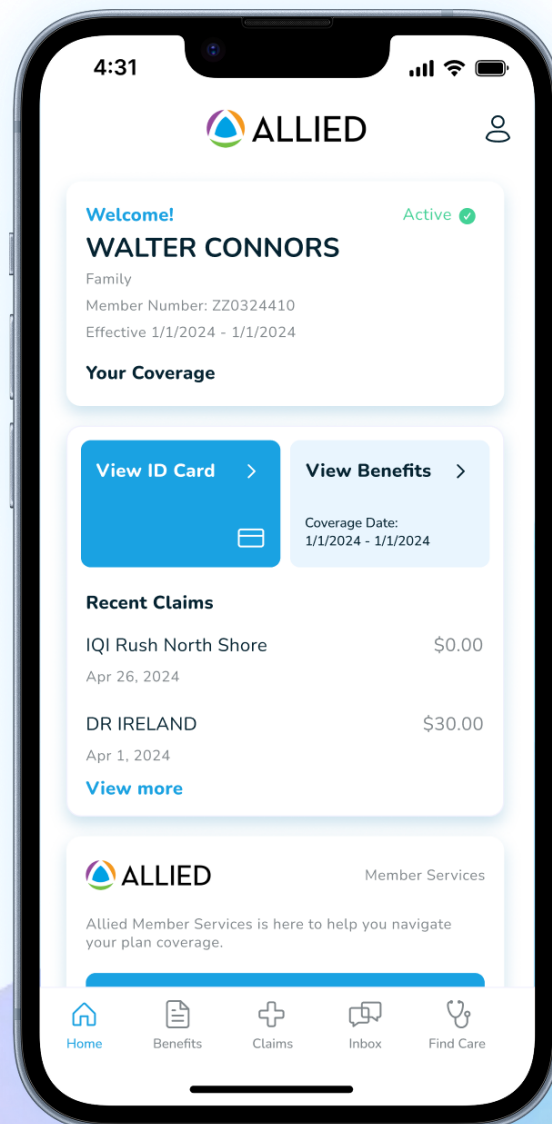
Track Your Plan Activity

Keep tabs on your claims, benefits, and progress toward your deductible with on-the-go access and real-time notifications.



Get Your ID Card On-The-Go

View and share your health plan ID card with your doctor's office directly from your app.



**Dependents 13 years or older may follow the steps to create their own account.
If the device settings for your mobile phone are set to Spanish, the My Allied Portal app will display in Spanish.*

My Allied Portal is available to eligible plan members. All programs and services are subject to applicable terms and conditions.

Setting up your My Allied Member Account



To get started, head to your device's app store to download the My Allied Portal app and then follow the steps below.

STEP 1

Open the My Allied Portal App

Open the app from your mobile device and click "Sign Up".

STEP 2

Create your account

Enter your email address, desired password, and your name. Note, your email address will be used for your login.

STEP 3

Verify your information

Enter in your Date of Birth, followed by your Social Security Number (SSN), OR your Member ID and Group Number. Then click "Sign Up".

STEP 4

Complete your account

Last, accept terms and conditions, confirm your EOB delivery preference, and you're all set! Begin accessing your benefits right away.

Set up your Allied Member account today by downloading the My Allied Portal app in the Apple App Store or the Google Play Store

Questions? Call the toll-free number on the back of your ID card.

My Allied Portal is available to eligible plan members. All programs and services are subject to applicable terms and conditions.

Secure Access to Your Health Information



At Allied, protecting your personal health information is our top priority. We follow strict rules and security measures in accordance with the Health Insurance Portability and Accountability Act (HIPAA) to ensure that your data remains safe and accessible only by you or authorized individuals.

In compliance with these regulations, members aged 18 and above are granted access solely to their own personal health information through the My Allied Portal online. Through the portal, adult members may choose to grant access to other adult members in a secure and controlled manner.

What this means for you

The decision to share your health information with family members or legal representatives is entirely personal. Adult members aged 18 and above have the right to determine who may access their information, including both covered spouses and adult dependents.

If you are a parent of an adult dependent covered under your plan, your adult dependent must grant access to their personal health care information for you to view claim or benefit information on their behalf. The same would apply to any spouses on the plan.

Similarly, the primary subscriber of the plan may also grant access to a spouse or any covered adult family member you choose to allow to view your information.

What you need to do

1. Discuss with your family members their right to protect their personal health information.
2. If you or a covered family member wishes to allow access to another covered family member, please follow the steps below:

STEP 1

Log in to your My Allied Portal account on **member.alliedbenefit.com** or from the mobile app.

STEP 2

From the Homepage, go to **Account Setting**, and select **"Change Preference"** next to **Manage Consent/Access**.

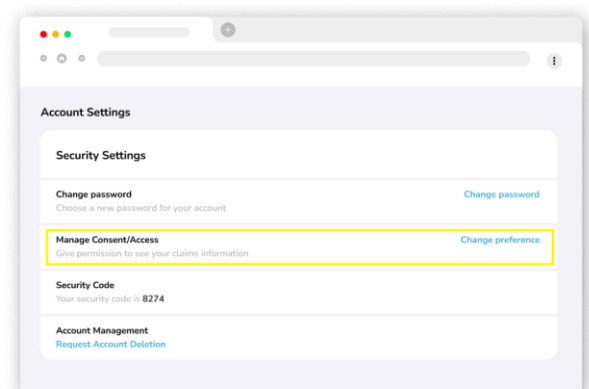


Image is depicting Step number 2

STEP 3

Check the box next to which individuals you wish to authorize access for.

STEP 4

Accept the terms and conditions, then click "Update".

STEP 5

Once submitted, a pop-up will appear on the next page confirming the changes were successfully made.

STEP 6

You can go back at anytime to confirm preferences or make changes. The bottom right of the page will be time-stamped indicating the date it was last updated.

Don't forget! Granting access to appropriate family members can be important if a member is hospitalized or otherwise unable to view their own information.

Questions? Call the toll-free number on the back of your ID card.

My Allied Portal is available to eligible plan members. All programs and services are subject to applicable terms and conditions.

How to Submit an Out-of-Network Claim Online



After an out-of-network provider visit, you can easily submit claims online in your account to apply your out-of-network benefits. Start your claim in your My Allied Portal on the web or in the app.

STEP 1

Sign in to My Allied Portal

- Visit **member.alliedbenefit.com** or open the app on your mobile device.
- Navigate to the **Claims** section and select **'Submit Claims'** to begin.

STEP 2

Collect Your Information

- Prior to submitting your claim, please ensure you have all the information listed present on your bill.
- Once you have a bill that meets all the requirements, click **'Continue'** to proceed to the next step.

STEP 3

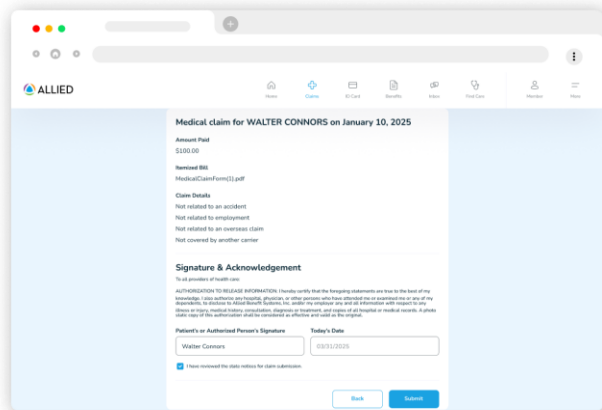
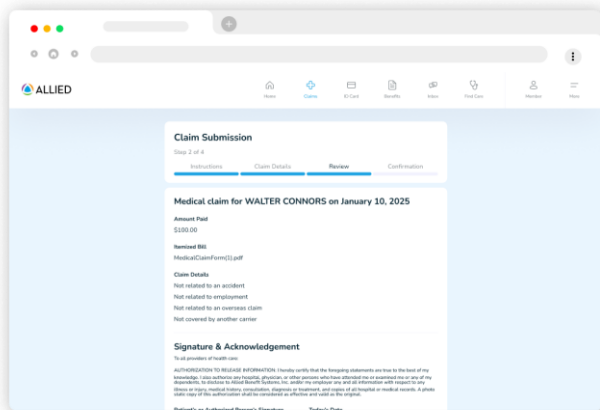
Fill in Claim Details

- Go through each section and enter the required information, including the uploading your Itemized Bill.
- Once you've entered and confirmed all claim details, click **'Continue'** to proceed to the next step.

STEP 4

Review

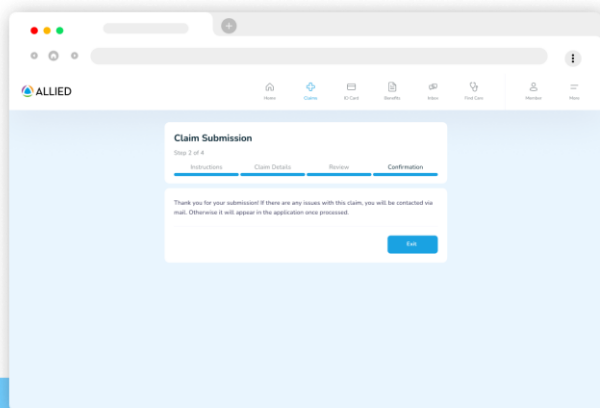
- Review all the Claim Details you entered in the previous step.
- If everything is correct, sign and date the form.
- Once completed, select '**Submit**' to proceed to the next step.



STEP 5

Confirmation

- You will be presented with a Confirmation screen indicating your claim was submitted successfully.
- Select '**Exit**' to return to the Claims page.



Next Steps

What to Expect Next

- A team member will review, transcribe, and process the claim accordingly.
- Please allow up to 30-45 days for your claim to be reviewed and processed. You will receive an EOB once the claim has been processed and paid.
- If the claim could not be processed due to missing or illegible information, you will receive an EOB stating what information is needed for resubmission.

Set up your Allied Member account today by visiting

member.alliedbenefit.com

Questions? Call the toll-free number on the back of your ID card.

My Allied Portal is available to all eligible plan members. All programs and services are subject to applicable terms and conditions.

What to Expect After You Receive Medical Care



Healthcare and health benefits can be complicated. Understanding what comes after a visit to an in-network doctor or hospital can often feel confusing. Allied is here to help you navigate your medical bills and protect you from unforeseen charges.

STEP 1



Review your Explanation of Benefits (EOB)

After you receive medical care, Allied will send you an Explanation of Benefits, or EOB, statement in the mail and online to your **My Allied Portal** account at member.alliedbenefit.com. Your EOB will outline the care you received, how much it cost, and what you may owe. Your EOB is very important and may include instructions to contact Allied.

STEP 2



Review your Provider Bill

Your provider may send you a bill for any amount due to them. Right away, compare your bill to the corresponding EOB. Your bill should not exceed the total deductible, co-pay or coinsurance amounts that are listed on your EOB.

Confused? No worries! Once you receive a bill from your provider, simply give your Allied Advocate a call. They'll confirm your member responsibility and guide you through the next steps you need to take.

STEP 3



When to Call Allied

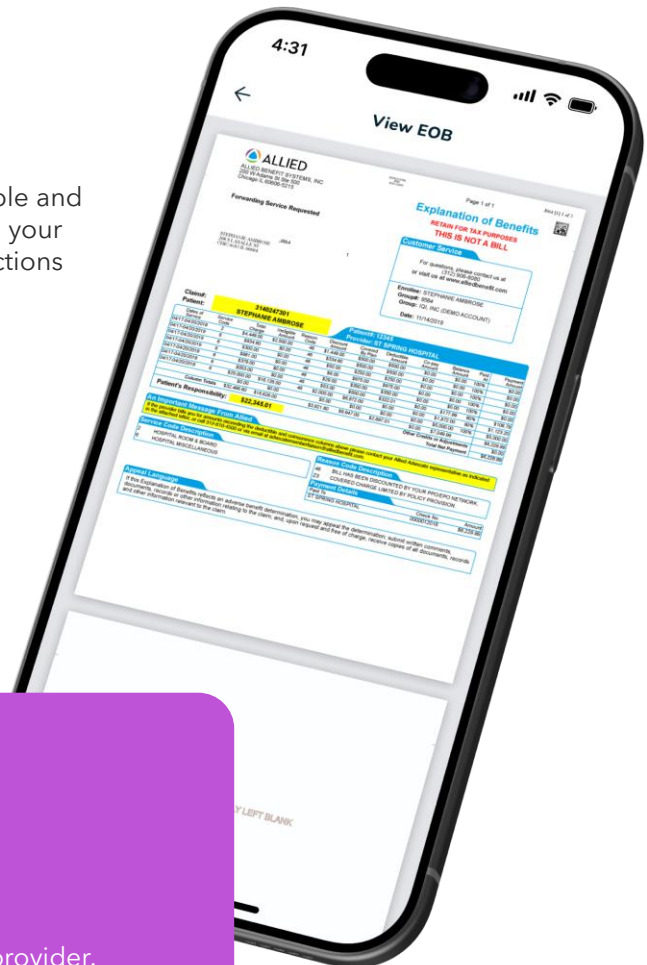
If the provider bills you for amounts exceeding the deductible and coinsurance columns on your EOB, or you see a message on your paper EOB or in your My Allied Portal with important instructions from Allied, call Allied immediately.

STEP 4



The Allied Team Gets to Work

If your claim has criteria that necessitates special review, you will be assigned an Allied Advocate. Your Allied Advocate will work with your provider to resolve any discrepancies on your bill. Once settled, your Allied Advocate will contact you to explain the resolution.



Remember, Allied is here to help

- Answer questions about your claims
- Understand your EOB
- Advise how to handle your medical bill
- Resolve Allied Advocate claims directly with your provider.

Discover the Support You Deserve with Care+



Managing a new or ongoing health condition can feel overwhelming—but you don't have to do it alone. Care+ is here to help you and your covered family members to navigate your health journey with confidence, clarity, and compassion.

With Care+, you get direct access to the Allied Care Team—your personal support network and single point of contact for all things care-related. This dedicated team includes:

- Care Coordinators
- Pharmacists
- Licensed Clinical Social Workers
- Nurse
- National Board-Certified Health & Wellness Coaches
- Case Managers
- Primary Care Physicians
- Licensed Therapists

Each expert is specially trained to provide personalized, high-touch support that goes beyond the typical standard of care.

How Care+ Can Help You

Care+ offers a variety of services tailored to your unique needs, including:



Virtual Primary Care - Convenient access to board-certified providers for everyday health.



Wellness & Lifestyle Coaching - Support for health habits and life goals.



Specialist Navigation- Help finding the right in-network specialists and coordinating referrals.



Diabetes Management - Tools and coaching to manage your condition.



Behavioral Health Support - Programs and counseling for mental wellness.



Case Management - Help with precertification and clinical care coordination.



Oncology Support - Guidance and resources for cancer care.



Easy, Free, and Always Available

Care+ is completely free for members and available, anytime, anywhere. You can reach out when it's convenient for you—no referrals needed. Whether you're managing a diagnosis, navigating treatment, or just looking for guidance, Care+ is your partner every step of the way.

How to Get Started with Care+

Seamlessly access Care+ through your My Allied Portal mobile app or web portal.

STEP 1

Download the My Allied Portal App

Available on the App Store or Google Play. Just search for "My Allied Portal"

STEP 2

Log In or Register

Use your member information to log in. If you're new, follow the prompts to create your account.

STEP 3

Navigate to Care+

Once logged in, tap on the Care+ section from the homepage or "Find Care" menu.

STEP 4

Explore Your Options

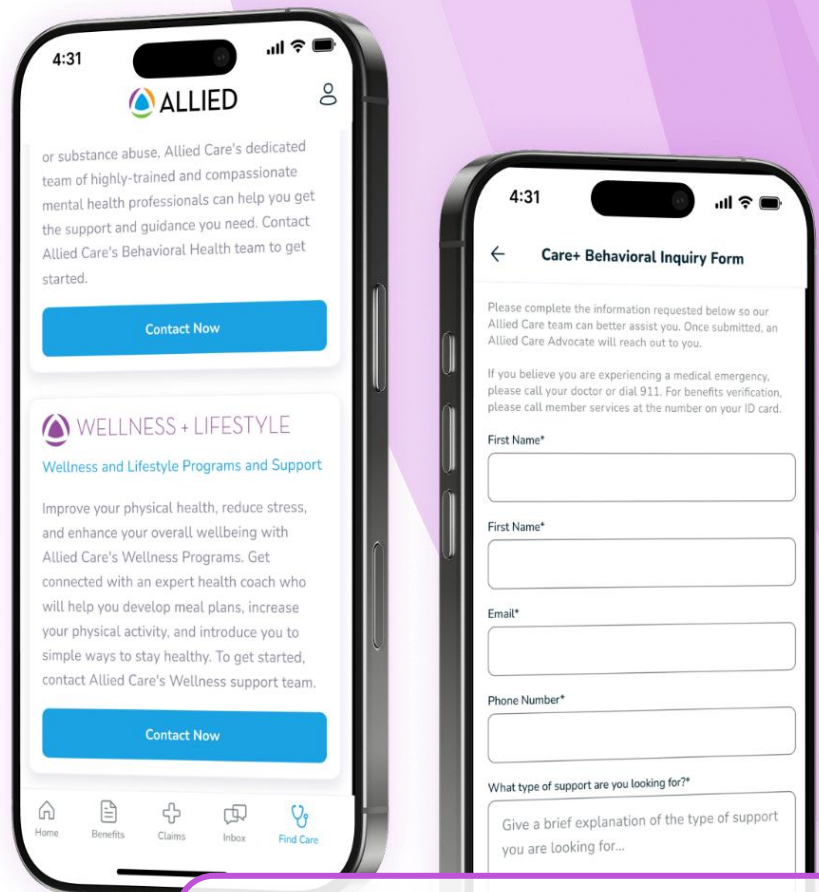
Browse available programs, learn more about services, and see how Care+ can support your specific needs.

STEP 5

Connect with the Allied Care Team

Complete the Care+ inquiry form and an Allied Care Coordinator will reach out to you promptly for next steps.

The Allied Care+ team is committed to supporting you and your family in taking control of your health through education, personalized care, and continuous guidance.



Questions?

Call Allied Member Services at the toll-free number on the back of your ID Card.

Care+ is part of Allied's Enhanced Case Management (ECM) program, which is embedded in Your Employer Sponsored Health Plan administered by Allied. All covered services are paid by your Employer Health Plan. Members will not be liable for any out-of-pocket costs for services utilized.

Virtual Primary Care



Access top primary care physicians for personalized care—anytime, anywhere.

You now have virtual access to Recuro Health's primary care physicians dedicated to understanding your needs and developing a tailored care plan to fit your lifestyle.

Top Conditions Treated

- Diabetes
- Arthritis
- Prediabetes
- Allergic Conditions
- High Cholesterol
- UTI's & Vaginitis
- Cold/Flu
- Anemia
- GI Tract Issues
- Obesity Management
- Respiratory Issues
- And more

Take advantage of Recuro's comprehensive health risk assessment, which helps identify your current health challenges and prevents future issues before they start.

What's Included



Dedicated Physician

Choose your preferred physician and see them for every visit.



Simple At-Home Labs

Lab tests are shipped to your home with a prepaid return label included.



Easy Prescription Pickup

Your physician will send any prescribed prescriptions to your preferred pharmacy for easy pickup.



Health Risk Assessment

Complete a comprehensive survey so our physicians can optimize your care plan to fit your specific needs.



Integrated Behavioral Health

Virtual Behavioral Health services, including therapy and coaching with licensed counselors.



Condition Management

Specialized, ongoing care for chronic conditions.



Acute Care

Access to 24/7 immediate care for non-emergency conditions.



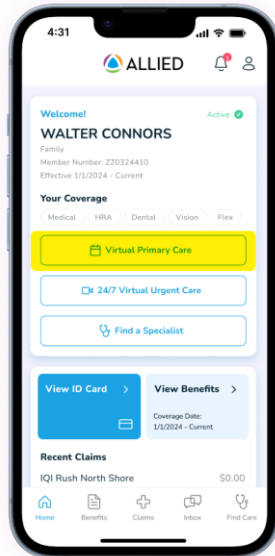
Getting Started with Virtual Primary Care



Follow the steps below to start accessing your Virtual Primary Care benefits.

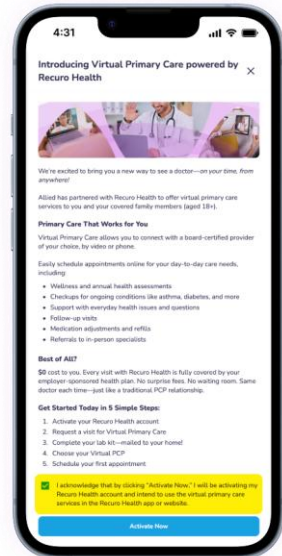
STEP 1

Open the **My Allied Portal** app and press the '**Virtual Primary Care**' button to begin activating your free Recuro Health account.



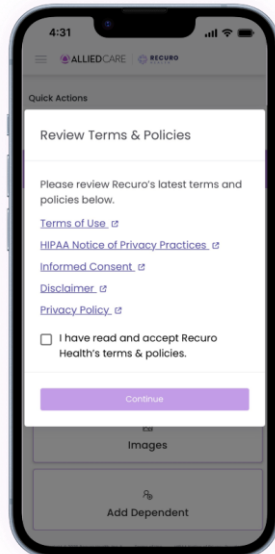
STEP 2

Check to acknowledge and click **Activate Now**. This will open the Recuro portal.



STEP 3

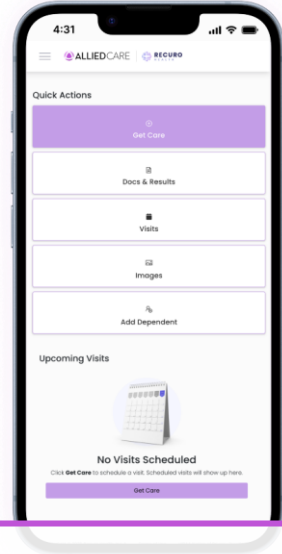
Review the **Terms & Policies** and check the acknowledge box, then select '**Continue**'.



STEP 4

Select '**Get Care**' to schedule your first appointment and meet your new virtual primary care doctor.

To schedule a visit with a Spanish speaking provider, please call Recuro at 855-438-2014



Members must be at least 18 years old to receive Virtual Primary Care services through Recuro Health. Urgent Care services are available to members of all ages. Behavioral Health services are limited to members age 14 years or older. For dependents under 18 years old, the primary account holder must request the visit on their behalf through the app, website or by phone; the parent/guardian must be present at the beginning and end of each visit.

Recuro services are for non-emergency conditions only. Recuro services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and does not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

Don't forget to download the Recuro Health app from your device's app store.

For assistance using Recuro Health, please call Recuro Customer Service at 855-438-2014

Preventive Care Services for Adults and Children



Preventive care is an important part of staying healthy, and to avoid potentially serious health conditions by obtaining an early diagnosis and treatment plan. Preventive care includes:

 Check-ups (i.e., annual physical, pediatric well-visits, gynecology well-visits)

 Cancer and other health screenings

 Immunizations

Your plan covers 100% of certain preventive care services, when:

- The service is provided by an in-network doctor,
- The claim is filed as a preventive visit, and
- The service is identified as preventive care under the Affordable Care Act (ACA).

No out-of-pocket costs to you for preventive care services, when the above criteria are met.



Covered Preventive Services



MEN



Adult screening tests:

- Abdominal aortic aneurysm
- Blood pressure
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer

Other Services:

- Immunizations, including flu shot
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

WOMEN



Adult screening tests:

- Blood pressure
- Breast cancer counseling for genetic testing
- Cervical cancer screening (Pap test and/or HPV)
- Chlamydia and gonorrhea
- Cholesterol
- Colon cancer
- Depression
- Diabetes
- Lung cancer
- Mammogram (breast cancer)
- Osteoporosis

Other Services:

- Contraception
- Immunizations, including flu shot
- Intimate partner violence
- Obesity screening and counseling
- Quitting tobacco
- Sexually transmitted infection (STI) counseling

PREGNANT WOMEN



Pregnancy-related screening tests:

- Bacteria in urine
- Gestational diabetes
- Hepatitis B
- Iron deficiency anemia
- Postpartum depression

Pregnancy-related services:

- Breastfeeding support, supplies and counseling
- Folic acid supplementation

INFANTS, CHILDREN, AND TEENS



Routine services and screening tests:

- Developmental and behavioral
- Fluoride dental varnish and oral health check
- Hearing/vision test
- Immunizations, including flu shot
- Newborn and infant screenings
- Well-baby/well-childcare

Other services:

- Depression screening
- Lead exposure test
- Obesity counseling
- Sexually transmitted infection (STI) screening and counseling
- Tobacco and alcohol use counseling

This list is not complete, so make sure you check the full list of services and any limitations in your employer's summary plan description accessible via the My Allied Portal mobile app or online at member.alliedbenefit.com