



2025

# SEMAN TOV INC

DISCOVER YOUR 2025 BENEFIT  
OPTIONS

## OPEN ENROLLMENT

# EMPLOYEE PAYROLL DEDUCTIONS

PAYROLL DEDUCTIONS ARE BASED ON HOURLY WAGE-IF RATE IS NOT SHOWN PLEASE SEE YOUR MANAGER

BI-WEEKLY PAYROLL-26			
<b>\$16 HOUR EMPLOYEES</b>	<b>CORE 2500</b>	<b>CORE SELECT</b>	<b>ELITE SELECT</b>
Employee:	\$75.51	\$179.67	\$273.79
Employee + Spouse:	\$229.85	\$348.33	\$589.39
Employee + Child(ren):	\$91.28	\$294.97	\$488.31
Family:	\$173.31	\$480.87	\$812.53

BI-WEEKLY PAYROLL-26			
<b>\$20 HOUR EMPLOYEES</b>	<b>CORE 2500</b>	<b>CORE SELECT</b>	<b>ELITE SELECT</b>
Employee:	\$100.68	\$179.67	\$273.79
Employee + Spouse:	\$255.00	\$348.33	\$589.39
Employee + Child(ren):	\$103.86	\$294.97	\$488.31
Family:	\$185.89	\$480.87	\$812.53

BI-WEEKLY PAYROLL-26			
<b>\$25 HOUR EMPLOYEES</b>	<b>CORE 2500</b>	<b>CORE SELECT</b>	<b>ELITE SELECT</b>
Employee:	\$125.85	\$179.67	\$273.79
Employee + Spouse:	\$280.17	\$348.33	\$589.39
Employee + Child(ren):	\$116.44	\$294.97	\$488.31
Family:	\$198.48	\$480.87	\$812.53

CORE SELECT PLAN		Limitations (Per Plan Year)
<b>Deductible:</b>	\$0 (individual) / \$0 (family)	N/A
<b>Out-of-Pocket Maximum:</b>	\$9,100 (individual) / \$18,200 (family)	N/A
<b>Preventive Care:</b>	Covered 100%	Refer to Plan Documents
<b>Telemedicine:</b>	Covered 100%	Unlimited
<b>Primary/Specialist Visits:</b>	\$25 / \$50 copay	8 / 8 visits
<b>Urgent Care:</b>	\$75 copay	2 visits
<b>Diagnostic Testing:</b>	\$50 copay	3 tests
<b>Advanced Imaging:</b>	\$350 Copay	1 test
<b>Inpatient Hospital:</b>	\$750 Copay	5 days & 2 surgeries
<b>Outpatient Hospital:</b>	\$350 Copay	1 visit
<b>Emergency Room:</b>	\$750 copay	1 visit
<b>Prescription Coverage:</b>	Preventive Generic: \$0   Generic: \$10 Copay   All Other Medications: Not Covered	

CORE \$2500 PLAN		Limitations (Per Plan Year)
<b>Deductible:</b>	\$2,500 (individual) / \$5,000 (family)	N/A
<b>Out-of-Pocket Maximum:</b>	\$9,100 (individual) / \$18,200 (family)	N/A
<b>Preventive Care:</b>	Covered 100%	Refer to Plan Documents
<b>Telemedicine:</b>	Covered 100%	Unlimited
<b>Primary/Specialist Visits:</b>	\$25 / \$50 copay	8 / 8 visits
<b>Urgent Care:</b>	\$75 copay	2 visits
<b>Diagnostic Testing:</b>	\$50 copay	3 tests
<b>Advanced Imaging:</b>	\$350 Copay	1 test
<b>Inpatient Hospital:</b>	Deductible + \$750 Copay	5 days & 2 surgeries
<b>Outpatient Hospital:</b>	Deductible + \$350 Copay	1 visit
<b>Emergency Room:</b>	\$750 copay	1 visit
<b>Prescription Coverage:</b>	Preventive Generic: \$0   Generic: \$10 Copay   All Other Medications: Not Covered	

This summary is provided for informational purposes only and is intended to give a general overview of plan benefits. It does not contain all the terms, conditions, limitations, and exclusions of the actual plan documents. In the event of any discrepancies between this summary and the official plan documents, the plan documents will govern.

<b>ELITE SELECT PLAN</b>		<b>Limitations (Per Plan Year)</b>
<b>Deductible:</b>	\$0 (individual) / \$0 (family)	N/A
<b>Out-of-Pocket Maximum:</b>	\$9,100 (individual) / \$18,200 (family)	N/A
<b>Preventive Care:</b>	Covered 100%	Refer to Plan Documents
<b>Telemedicine:</b>	Covered 100%	Unlimited
<b>Primary/Specialist Visits:</b>	\$25 / \$50 copay	12 / 12 visits
<b>Urgent Care:</b>	\$75 copay	3 visits
<b>Diagnostic Testing:</b>	\$50 copay	4 tests
<b>Advanced Imaging:</b>	\$350 Copay	3 tests
<b>Inpatient Hospital:</b>	\$750 Copay	10 days & 4 surgeries
<b>Outpatient Hospital:</b>	\$350 Copay	2 visits
<b>Emergency Room:</b>	\$750 copay	2 visits
<b>Prescription Coverage:</b>	Preventive Generic: \$0   Generic: \$10 Copay   Preferred-Brand: 30% coinsurance   Non-Preferred Brand: 50% Coinsurance   Specialty: Not Covered	

# PHYSICIAN ACCESS

## Your Flexibility to Choose

Your plan is **Open-Access**, giving you the freedom to see any healthcare provider you choose. Imagine360 doesn't rely on a traditional network but instead offers access to **logo** and **non-logo** providers. While you can visit both, using a logo provider ensures the lowest possible costs for your care.

### Logo Providers

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Logo providers are part of Imagine360's preferred pricing networks, including [Partners Direct Health](#) and [HealthSmart](#). By choosing a logo provider, you'll ensure the best rates and keep your costs as low as possible.

To Find a Logo Provider:

[Partners Direct Health Provider Search](#)

[HealthSmart Provider Search](#)

### Non-Logo Providers

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Non-logo providers are still covered under your plan but may not follow the same preferred pricing. While Imagine360 will help manage these costs, using a logo provider is the most cost-effective option.



# MIBENEFITS PORTAL

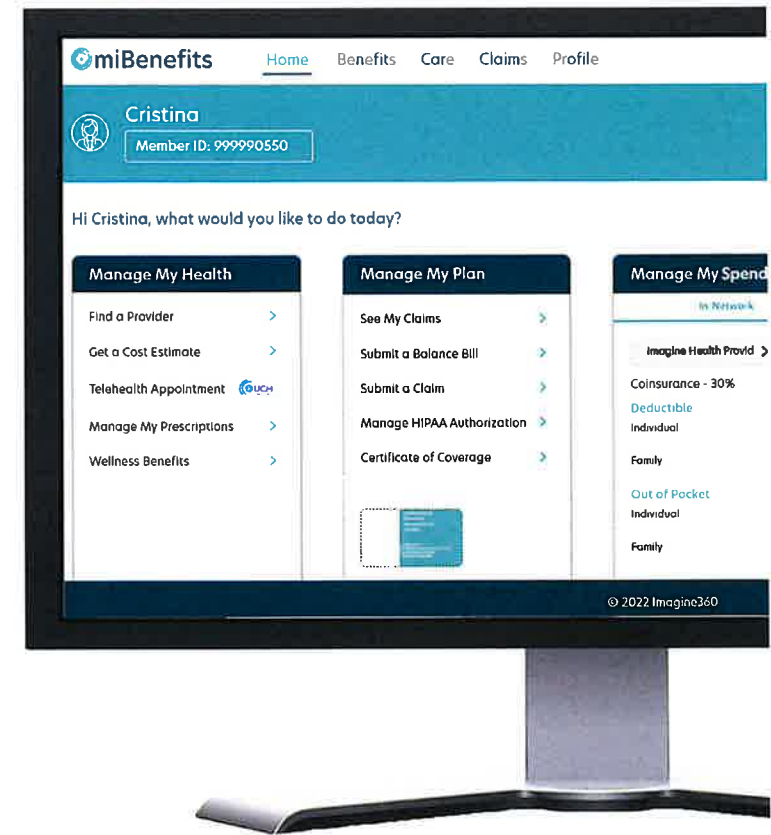
## Manage Your Healthcare Anytime, Anywhere

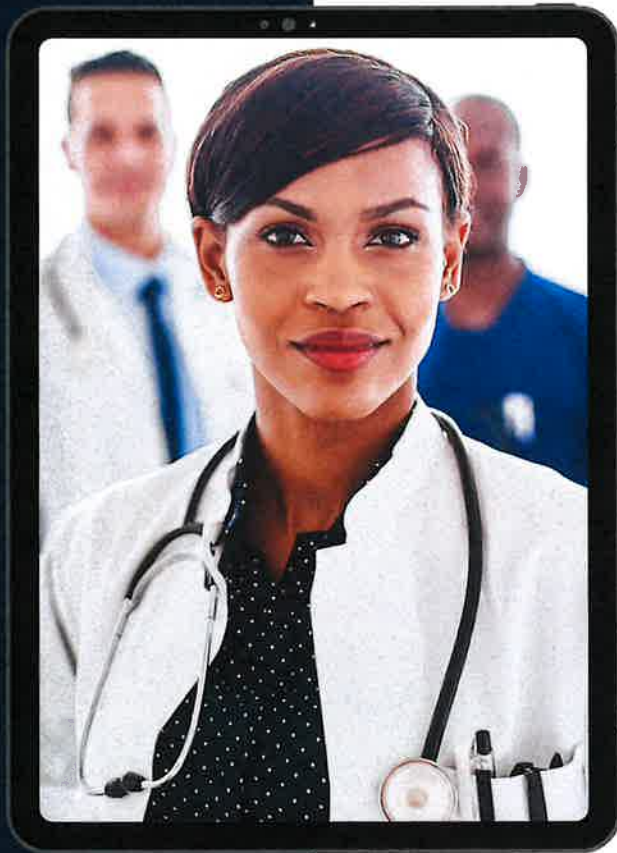
The miBenefits Portal makes managing your healthcare easy, whether you're at home or on the go. Here's what you can do:

- **Find and Compare Providers:** Quickly search for in-network doctors and compare options.
- **Track Claims and Deductibles:** Stay up to date on your claims and monitor your deductible progress.
- **Access Your ID Card:** View or download your ID card anytime, so you never have to worry about losing it.
- **View and Manage Benefits:** Get a complete overview of your coverage, all in one place.

### How to Get Started:

It's easy to get started! Once your plan is active, register at [mibenefits.imagine360.com](https://mibenefits.imagine360.com) and download the i360 miBenefits app to manage your benefits right from your phone.





## TELEMEDICINE

### 24/7 Access to Care with UCM Digital Health

With UCM Digital Health, you can connect with board-certified, emergency-trained doctors anytime, anywhere. Get the care you need for non-emergency conditions without having to leave home.

#### How to Access UCM Digital Health:

- **Phone:** Call 888-528-4655 to get connected.
- **Web:** Visit [goseesam.com/login](https://goseesam.com/login) to schedule an appointment online.
- **App:** Download the Sam by UCM app for instant access to care on your mobile device.

# FREQUENTLY ASKED QUESTIONS

- **What if I need help finding a provider?**

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Call the number on your medical ID card and the member experience team will assist.

- **What if my provider doesn't recognize my ID card?**

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Explain that you have health benefits and request that they call the number on your benefits ID card to verify eligibility.

- **What if my provider bills me upfront?**

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The only out-of-pocket expense you should pay at time of service is a deductible or copay. If the provider gives you a hard time, call the number on your ID card.

- **Provider: What's the name of your insurance?**

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**Your Response:** Imagine360 is the claims administrator for my group benefits plan.

- **Provider: How do I confirm your eligibility?**

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**Your Response:** Please call the provider number on the back of my ID card.

- **Provider: Where do we submit your claims?**

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**Your Response:** The address for submitting claims is noted on the back of my ID card.



# Enrollment Form

Please complete the below form in its entirety in order to ensure the most efficient enrollment.  
Any missing information may delay implementation and processing.

SECTION 1: EMPLOYER INFORMATION			
<b>Employer Name:</b>			
Street Address	City	State	Zip

SECTION 2: EMPLOYEE INFORMATION			
Employee Full Name (Last name – First name – Middle name)		Hire Date (Required in Enrolling)	
Street Address		City	State Zip
Employee Social Security # (Required in Enrolling)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Tobacco Use <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed			
Home Phone		Email Address	
Job Title		Hours Worked Per Week (Required in Enrolling)	
Spouse's Employer		Spouse's Business Phone	

SECTION 3: OTHER INSURANCE COVERAGE	
Do you, your spouse or dependents have other health insurance coverage that will continue in addition to this coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of Carrier:	
Policy Holder's Name:	Effective Date
Name(s) of Covered Dependents:	

SECTION 4: DEPENDENT INFORMATION (Please complete for all participating dependents. Attach additional sheets if necessary)						
First Name	Last Name	Relationship <small>(Spouse, Son, Daughter)</small>	Social Security # <small>(Required if Enrolling)</small>	DOB <small>(mm/dd/yyyy)</small>	Age M / F	Tobacco Use YES / NO

SECTION 5: HEALTH PLAN PARTICIPATION	
<input type="checkbox"/> I elect coverage <input type="checkbox"/> I decline coverage	
<b>Coverage Level (Choose)</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee / Spouse <input type="checkbox"/> Employee / Child(ren) <input type="checkbox"/> Family	<b>Plan Design Selected</b> <input type="checkbox"/> CORE 2500 <input type="checkbox"/> CORE SELECT <input type="checkbox"/> ELITE SELECT
<b>Reason for Decline:</b> <input type="checkbox"/> Spouse's Employer's Plan <input type="checkbox"/> VA Eligibility <input type="checkbox"/> Individual Plan <input type="checkbox"/> Medicare <input type="checkbox"/> I (we) have no other coverage at this time <input type="checkbox"/> Other: <input type="checkbox"/> COBRA from Prior Employer	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_