




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-877-441-1212. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-877-441-1212 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. Most covered services.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this plan covers certain <a href="#">preventive</a> services without cost sharing and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	Yes, \$100 person / \$200 family combined <a href="#">deductible</a> for registered graduate nurse expenses, blood products, naturopathic, alternative treatments and hearing care expenses. <a href="#">Deductible</a> period is July 1 through June 30. There are no other specific <a href="#">deductibles</a> .	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$6,600 person / \$13,200 family for covered medical expenses.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> for until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Medical services you receive that are not covered by Medicare, naturopathy, hypnotherapy, acupuncture, services provided by a dietician, nutritionist, and hearing care.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Not Applicable.	This <a href="#">plan</a> does not use a <a href="#">provider network</a> . You can receive covered services from any <a href="#">provider</a> .
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a referral.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>usual, customary and reasonable (UCR)</u> amounts. Alternative <a href="#">providers</a> : registered certified hypnotherapists, acupuncturists, registered dietitians, certified nutritionists are limited to a maximum 50% coinsurance limited to \$50 per visit and \$300 per year and do not count toward the <u>out-of-pocket limit</u> . Services of alternative providers are eligible only if they are covered expenses under the <a href="#">plan</a> .
	<a href="#">Specialist</a> visit		
	<a href="#">Preventive care/screening/immunization</a>	No charge if provider accepts Medicare assignment	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to UCR.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	Imaging (CT/PET scans, MRIs)		
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.optumrx.com">www.optumrx.com</a> .	Generic drugs	\$10 <a href="#">copay</a> /prescription at retail \$20 <a href="#">copay</a> / prescription for mail order	Covers up to a 30-day supply for a retail prescription and 31-90-day supply for a mail order prescription. Subject to Medicare drug formulary. This is a Medicare Part D prescription drug plan through United Healthcare.
	Preferred brand drugs	\$25 <a href="#">copay</a> /prescription at retail \$40 <a href="#">copay</a> / prescription for mail order	
	Non-preferred brand drugs	\$40 <a href="#">copay</a> /prescription at retail \$60 <a href="#">copay</a> / prescription for mail order	
	<a href="#">Specialty drugs</a>	Same as generic/brand benefit	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to UCR.
	Physician/surgeon fees		
If you need immediate medical attention	<a href="#">Emergency room care</a>	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to UCR.
	<a href="#">Emergency medical transportation</a>		
	<a href="#">Urgent care</a>		

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.engineerstrust.com](http://www.engineerstrust.com).

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to UCR.
	Physician/surgeon fees		
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to UCR.
	Inpatient services		
If you are pregnant	Office visits	No charge if provider accepts Medicare assignment	Benefits for member and spouse only except for certain preventive screenings. No childbirth/delivery coverage for dependent daughter. <u>Cost-sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> or <u>coinsurance</u> may apply. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	Childbirth/delivery professional services		
	Childbirth/delivery facility services		
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge if provider accepts Medicare assignment	Limited to 130 visits per calendar year. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Rehabilitation services</a>	No charge if provider accepts Medicare assignment	Outpatient physical, occupational and speech therapy limited to 20 visits per condition per calendar year if unrelated to a mental health condition. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Habilitation services</a>	No charge if provider accepts Medicare assignment	Outpatient physical, occupational and speech therapy limited to 20 visits per calendar year if unrelated to a mental health condition. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Skilled nursing care</a>	No charge if provider accepts Medicare assignment	Limited to 100 days per condition. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .
	<a href="#">Durable medical equipment</a>	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <u>UCR</u> .

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
	<a href="#">Hospice services</a>	No charge if provider accepts Medicare assignment		Limited to a maximum of 6 months of combined inpatient and outpatient hospice care. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
<b>If your child needs dental or eye care</b>	PPO Provider		Non-Preferred Provider	Vision coverage provided through Vision Service Plan ( <a href="http://www.vsp.com">www.vsp.com</a> ). Limited to one exam once every 12 months and set of lenses every 12 months and one frame or contact lenses every 24 months. Charges from a non-VSP doctor must be paid in full and member must file a claim.
	Children's eye exam	\$20 <a href="#">copay</a> for exam and/or glasses	Fees in excess of benefit schedule	
	Children's glasses	\$20 <a href="#">copay</a> for exam and/or glasses	Lenses and frames – fees in excess of benefit schedule	
	Children's dental check-up	Not Covered		
				Retirees must elect dental through Delta Dental at time of retirement or at annual open enrollment.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.engineerstrust.com](http://www.engineerstrust.com).

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic Surgery (except to repair injury or congenital defect)
- Dental Care (Adult)
- Infertility Treatment
- Long-term Care
- Childbirth/delivery expenses for pregnant dependent children.
- Routine Foot Care
- Services that could be covered by Medicare (only applies to persons eligible to enroll in Medicare, but failed to do so)
- Services or treatment which is not medically necessary or is experimental or investigational
- Weight Loss Programs
- Work related injury or illness

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric Surgery (must meet all plan requirements)
- Chiropractic Care (limit to 20 visits per year)
- Hearing Aids (for retired employees only)
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing (if medically necessary)
- Routine Eye Care (Adult -through VSP)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318- 2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). You may also contact the Trust Administration Office at 1-877-441-1212.

### Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-441-1212.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-441-1212.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	10
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$70</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$500
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$520</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$10</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.