



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 <https://www.healthcare.gov/sbc-glossary> 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 services</a> 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. \$1,000 per individual for prescription drugs.	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 <a href="#">usual, customary and reasonable (UCR)</a> 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 <a href="#">out-of-pocket</a> limit. 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 <a href="#">UCR</a> .
	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	20% coinsurance	After \$50 deductible up to \$1,000 annual benefit limit per family on non-injectable drugs. For injectable drugs, \$1,000 out of pocket limit per individual then Plan pays 100%. Medicare Retirees and spouses who opt out of prescription drug coverage: Medicare Part D copays are reimbursed at 100% up to \$1,000 per family. Claims must be filed with the Administration Office. Using an <a href="#">In-network</a> pharmacy may result in a lower <a href="#">coinsurance</a> amount. Covers up to a 90-day supply or 100 tablets per prescription at retail. <a href="#">Prescription drugs</a> purchased out-of-network must be paid in full and member must file claim for reimbursement.
	Preferred brand drugs	20% coinsurance	
	Non-preferred brand drugs	30% coinsurance	
	<a href="#">Specialty drugs</a>	Same as generic/brand benefit	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	No charge if provider accepts Medicare assignment	Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
If you need immediate	<a href="#">Emergency room care</a>	No charge if provider accepts Medicare	Benefits for <a href="#">providers</a> that do not accept Medicare

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
medical attention	<a href="#">Emergency medical transportation</a>	assignment	assignment will be subject to <a href="#">UCR</a> .
	<a href="#">Urgent care</a>		
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 <a href="#">UCR</a> .
	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 <a href="#">UCR</a> .
	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. <a href="#">Cost-sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. Benefits for <a href="#">providers</a> that do not accept Medicare assignment will be subject to <a href="#">UCR</a> .
	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 <a href="#">UCR</a> .
	<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 <a href="#">UCR</a> .
	<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 <a href="#">UCR</a> .
	<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 <a href="#">UCR</a> .
	<a href="#">Durable medical equipment</a>	No charge if provider accepts Medicare	Benefits for <a href="#">providers</a> that do not accept Medicare

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		assignment		assignment will be subject to <a href="#">UCR</a> .
	<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>	<b>PPO Provider</b>		<b>Non-Preferred Provider</b>	
	Children's eye exam	\$20 <a href="#">copay</a> for exam and/or glasses	Fees in excess of benefit schedule	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 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.

## 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](#).)

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Cosmetic Surgery (except to repair injury or congenital defect)</li><li>• Dental Care (Adult)</li><li>• Infertility Treatment</li><li>• Long-term Care</li></ul> | <ul style="list-style-type: none"><li>• Childbirth/delivery expenses for pregnant dependent children.</li><li>• Routine Foot Care</li><li>• Services that could be covered by Medicare (only applies to persons eligible to enroll in Medicare, but failed to do so)</li></ul> | <ul style="list-style-type: none"><li>• Services or treatment which is not medically necessary or is experimental or investigational</li><li>• Weight Loss Programs-except pre-requisite to bariatric surgery</li><li>• Work related injury or illness</li></ul> |
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### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric Surgery (must meet all plan requirements)</li><li>• Chiropractic Care (limit to 20 visits per year)</li></ul> | <ul style="list-style-type: none"><li>• Hearing Aids (for retired employees only)</li><li>• Non-emergency care when traveling outside the U.S.</li></ul> | <ul style="list-style-type: none"><li>• Private-Duty Nursing (if medically necessary)</li><li>• Routine Eye Care (Adult -through VSP)</li></ul> |
|---|--|---|

**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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist coinsurance</a>	0%
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	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:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	10
<a href="#">Coinsurance</a>	\$0
What isn't covered	
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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist coinsurance</a>	0%
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	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:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$500
<a href="#">Coinsurance</a>	\$0
What isn't covered	
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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist coinsurance</a>	0%
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	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:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$0
What isn't covered	
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.