




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 go to [www.caremark.com](http://www.caremark.com). 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 <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-888-249-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	See Medical SBC	
Are there services covered before you meet your <a href="#">deductible</a> ?	See Medical SBC	
Are there other <a href="#">deductibles</a> for specific services?	See Medical SBC	
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	For network pharmacy providers \$2,100 individual / \$4,200 family	
What is not included in the <a href="#">out-of-pocket limit</a> ?	See Medical SBC	
Will you pay less if you use a <a href="#">network provider</a> ?	See Medical SBC	
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	See Medical SBC	

 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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	See Medical SBC		
	<a href="#">Specialist</a> visit	See Medical SBC		
	<a href="#">Preventive care/screening/immunization</a>			
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	See Medical SBC		
	Imaging (CT/PET scans, MRIs)	See Medical SBC		
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.cvs.com">www.cvs.com</a>	Generic drugs	20% co-insurance		20% co-insurance for Mail order
	Preferred brand drugs	20% co-insurance		20% co-insurance for Mail order
	Non-preferred brand drugs	20% co-insurance		20% co-insurance for Mail order
	<a href="#">Specialty drugs</a>	20% co-insurance		20% co-insurance for Mail order
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	See Medical SBC		
	Physician/surgeon fees	See Medical SBC		
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	See Medical SBC		
	<a href="#">Emergency medical transportation</a>	See Medical SBC		
	<a href="#">Urgent care</a>	See Medical SBC		
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	See Medical SBC		
	Physician/surgeon fees	See Medical SBC		
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	See Medical SBC		
	Inpatient services	See Medical SBC		
<b>If you are pregnant</b>	Office visits	See Medical SBC		
	Childbirth/delivery professional services	See Medical SBC		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	See Medical SBC		
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	See Medical SBC		
	<a href="#">Rehabilitation services</a>	See Medical SBC		
	<a href="#">Habilitation services</a>	See Medical SBC		
	<a href="#">Skilled nursing care</a>	See Medical SBC		
	<a href="#">Durable medical equipment</a>	See Medical SBC		
	<a href="#">Hospice services</a>	See Medical SBC		
If your child needs dental or eye care	Children's eye exam	See Medical SBC		
	Children's glasses	See Medical SBC		
	Children's dental check-up	See Medical SBC		

### Excluded 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](#).)

- Experimental Therapies
- Over the counter items
- Non-FDA approved indications

**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 are the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services 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 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 [www.caremark.com](http://www.caremark.com) or 1-866-808-7159

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

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### 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 [insert telephone number].]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [insert telephone number].]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 [insert telephone number].]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [insert telephone number].]

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

About these Coverage Examples:



**\*See Medical Summary of Benefits & Coverage (SBC)**