L152 Health & Welfare Fund: Plan BZ – Part Time

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for: All Coverage Levels | Plan Type: EPO**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-800-555-4959.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$2,500** person / **$5,000** family Deductible may not apply to all services. Coinsurance and copays don't count toward the **deductible**.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	$25 annual deductible for prescription benefits. There are no other specific **deductibles**.	You must pay all of the costs for these services up to the specific **deductible** amount before this plan begins to pay for these services.
Is there an out–of–pocket limit on my expenses?	Yes. **$6,150** person for medical to a family maximum of **$12,800**, and **$1,000** person for prescription drugs to a family maximum of **$1,500.**	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums and health care costs this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See **www.HorizonBlue.com or call 1-800-810-2583** for a list of network providers.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this	Yes.	Some of the services this plan doesn't cover are listed in the Excluded

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plan doesn't cover?		Services & Other Covered Services section. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.

Common Medical Event	Services You May Need	Your Network Cost	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$30 copay	No deductible
	Specialist visit	$50 copay	No deductible
	Other practitioner office visit	70% coinsurance	Deductible applies; 25 visits calendar year maximum for chiropractor; no acupuncture coverage
	Preventive care/screening/immunization	No charge	Participating Provider: All Affordable Care Act mandated preventive services covered at no cost including adult physicals and certain immunizations
If you have a test	Diagnostic test (x-ray, blood work)	30% coinsurance	Deductible applies
	Imaging (CT/PET scans, MRIs)	30% coinsurance	Deductible applies; Services must be pre-certified
If you need drugs to treat your illness or condition **Certain preventive drugs and services may be covered at**	Generic drugs	$20 & $40 copays – retail & mail order	$25 annual deductible applies 30-day supply (retail) and 90-day supply (mail order)
	Preferred brand drugs	$40 & $80 copays – retail & mail order	
	Non-preferred brand drugs	$60 & $120 copays – retail & mail order	

Common Medical Event	Services You May Need	Your Network Cost	Limitations & Exceptions
no cost More information about **prescription drug coverage** is available at www.express-scripts.com.	Specialty drugs	20% coinsurance – retail & mail order	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	Deductible applies
	Physician/surgeon fees	30% coinsurance	Deductible applies
If you need immediate medical attention	Emergency room services	30% coinsurance	Deductible applies; Emergency services delivered out-of-network will be reimbursed on an in-network basis
	Emergency medical transportation	30% coinsurance	Deductible applies
	Urgent care	$50 copay	No deductible
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	Deductible applies; admissions must be pre-certified
	Physician/surgeon fee	30% coinsurance	Deductible applies
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	30% coinsurance	Deductible applies; $30 copay for office visits
	Mental/Behavioral health inpatient services	30% coinsurance	Deductible applies; admissions must be pre-certified
	Substance use disorder outpatient services	30% coinsurance	Deductible applies; $30 copay for office visits
	Substance use disorder inpatient services	30% coinsurance	Deductible applies; admissions must be pre-certified
If you are pregnant	Prenatal and postnatal care	$50 copay	No deductible
	Delivery and all inpatient services	30% coinsurance	Deductible applies

Common Medical Event	Services You May Need	Your Network Cost	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	30% coinsurance	Deductible applies; 60 hours maximum per benefit period
	Rehabilitation services	30% coinsurance	Deductible applies; 30-visit per condition maximum for all therapies; 30-day maximum for inpatient services
	Habilitation services	Not covered	Not covered
	Skilled nursing care	30% coinsurance	Deductible applies; 90-day maximum per benefit period
	Durable medical equipment	30% coinsurance	Deductible applies
	Hospice service	Not covered	Not covered
If your child needs dental or eye care	Eye exam	Not covered	Not covered
	Glasses	Not covered	Not covered
	Dental check-up	Not covered	Not covered

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Hearing aids
- Out-of-Network Provider
- Hospice service
- Infertility treatment
- Long-term care
- Habilitation Services
- Dental care (Child)
- Routine eye care (Child)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care
- Most coverage provided outside the United States. Call 1-800-555-4959
- Routine eye care (Adult)

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- Dental care (Adult) ($1,200 annual maximum
- Nursing care

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 1-800-555-4959. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or 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.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the plan at 1-800-522-4161. You may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. In Delaware, contact Delaware Department of Insurance, 841 Silver Lake Blvd., Dover, DE 19904, 302-674-3700, consumer@state.de.us. In Maryland, contact the Maryland Office of the Attorney General, Health Education and Advocacy Unit, 200 St. Paul Place, 16th Floor, Baltimore, MD 21202, 1-877-261-8807, http://www.oag.state.md.us/Consumer.HEAU.htm or heau@oag.state.md.us (email). In New Jersey, contact the New Jersey State Insurance Department, Office of Consumer Protection Services, NJ Department of Banking and Insurance, P.O. Box 329, Trenton, NJ 08625-0329, 1-609-292-7272, Consumer Hotline: 1-800-446-7467, http://www.state.nj.us/dobi/consumer.htm. In Pennsylvania, contact the Pennsylvania Consumer Assistance Program, Pennsylvania Insurance Department, 1209 Strawberry Square, Harrisburg, PA 17111, 1-877-881-6388, www.pahealthoptions.com.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

In order for certain types of health coverage (for example, individually purchased insurance or job-based coverage) to qualify as minimum essential coverage, the plan must pay, on average, at least 60 percent of allowed charges for covered services. This is called the "minimum value standard." **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al [1-800-555-4959].

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

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $3,440
- **Patient pays** $4,100

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$2,520
Copays	$0
Coinsurance	$1,430
Limits or exclusions	$150
Total	**$4,100**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $2,070
- **Patient pays** $3,330

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$2,540
Copays	$800
Coinsurance	$0
Limits or exclusions	$80
Total	**$3,330**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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