




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, please visit [www.verdegard.com](http://www.verdegard.com) or call 1-877-384-2875. 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 by calling 1-877-384-2875 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<a href="#">Participating Providers</a> : \$0/person; \$0/family <a href="#">Non-Participating Providers</a> : Not Applicable	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive services</a> delivered through a participating physician's office, hospital, or other <a href="#">providers</a> are covered before you meet your <a href="#">deductible</a> .	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 <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> 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?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<a href="#">Participating Providers</a> : \$0/person; \$0/family <a href="#">Non-Participating Providers</a> : Not Applicable	This <a href="#">plan</a> has no <a href="#">out-of-pocket limit</a> . There is no limit on how much you pay during a coverage period for your share of the cost of covered services. However, this <a href="#">plan</a> covers <a href="#">preventive services</a> at 100%. If you seek treatment that is not a <a href="#">preventive services</a> , see the chart on the pages below for your cost and limitations on covered services.
What is not included in the <a href="#">out-of-pocket limit</a> ?	This <a href="#">plan</a> has no <a href="#">out-of-pocket limit</a> .	There is no <a href="#">out-of-pocket limit</a> on your expenses.
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. To find a PHCS <a href="#">provider</a> visit <a href="http://www.multiplan.com">www.multiplan.com</a> or call 1-888-263-7543 or to find a PNOA provider visit <a href="http://www.pnoa.com">www.pnoa.com</a> or call 1-833-257-8179 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . This <a href="#">plan</a> does not provide coverage if <a href="#">out-of-network provider</a> are used. Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
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 <a href="#">referral</a> .

 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
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	<u>Primary care</u> visit to treat an injury or illness	Not Covered	Not Covered	<u>Excluded Service</u> .
	<u>Specialist</u> visit	Not Covered	Not Covered	<u>Excluded Service</u> .
	<u>Preventive care/screening/immunization</u>	Covered in Full	Not Covered	Includes <u>preventive care</u> office visit. <u>preventive services</u> only, as outlined by the Patient Protection & Affordable Care Act. Member is responsible for 100% of billed charges for services other than <u>preventive</u> .
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Not Covered	Not Covered	<u>Excluded Service</u> .
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered	<u>Excluded Service</u> .
If you need drugs to treat your illness or condition More information is available at <a href="https://www.medimpact.com/">https://www.medimpact.com/</a>	Generic drugs ( <u>Preventive</u> )	Covered in Full	Not Covered	<u>Preventive</u> prescription services as defined by PPACA.
	Generic drugs	Not Covered	Not Covered	<u>Excluded Service</u> .
	Preferred brand drugs	Not Covered	Not Covered	
	Non-preferred brand drugs	Not Covered	Not Covered	
	<u>Specialty drugs</u>	Not Covered	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered	<u>Excluded Service</u> .
	Physician/surgeon fees	Not Covered	Not Covered	<u>Excluded Service</u> .
	<u>Emergency room care</u>	Not Covered	Not Covered	<u>Excluded Service</u> .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency medical transportation</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	<a href="#">Urgent care</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	Physician/surgeon fees	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	Inpatient services	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
If you are pregnant	Office visits	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	Childbirth/delivery professional services	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	Childbirth/delivery facility services	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	<a href="#">Rehabilitation services</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	<a href="#">Habilitation services</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	<a href="#">Skilled nursing care</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	<a href="#">Durable medical equipment</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	<a href="#">Hospice services</a>	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
If your child needs dental or eye care	Children's eye exam	Covered in Full	Not Covered	<a href="#">Preventive care</a> includes visual screening, as covered under <a href="#">preventive services</a> . (Recommended by Bright Futures project).
	Children's glasses	Not Covered	Not Covered	<a href="#">Excluded Service</a> .
	Children's dental check-up	Covered in Full	Not Covered	<a href="#">Preventive care</a> includes oral health risk assessment, as covered under <a href="#">preventive services</a> . (Recommended by Bright Futures project).

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

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Generally Does NOT Cover (Check your policy or Plan Document for more information and a list of any other excluded services.)</b>		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>
<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your Plan Document.)</b>		
<ul style="list-style-type: none"> <li>• None</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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa). 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 Document 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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

**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? No**

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 1-877-384-2875.
- Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-384-2875.
- Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-384-2875.
- Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-384-2875.

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

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

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 copayment](#) 100%
- Hospital (facility) [coinsurance](#) 100%
- Other [cost sharing](#) 100%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,700</b>
In this example, Peg would pay:	
<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$12,600
<b>The total Peg would pay is</b>	<b>\$12,600</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 copayment](#) 100%
- Hospital (facility) [coinsurance](#) 100%
- Other [cost sharing](#) 100%

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>
In this example, Joe would pay:	
<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$5,400
<b>The total Joe would pay is</b>	<b>\$5,400</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) 100%
- Hospital (facility) [coinsurance](#) 100%
- Other [cost sharing](#) 100%

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>
In this example, Mia would pay:	
<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$2,800
<b>The total Mia would pay is</b>	<b>\$2,800</b>