

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs



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 at www.paisc.com or by calling 1-866-798-0803.

Important Questions	Answers	Why this Matters:
<u>What is the overall deductible?</u>	\$0 person / \$0 family	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> 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 <u>deductible</u> .
<u>Are there other deductibles for specific services?</u>	No	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<u>Is there an out-of-pocket limit on my expenses?</u>	No	The <u>out-of-pocket limit</u> 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.
<u>What is not included in the out-of-pocket limit?</u>	Not applicable	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<u>Is there an overall annual limit on what the plan pays?</u>	No	The plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.
<u>Does this plan use a network of providers?</u>	Yes. First Health Network	If you use an in-network doctor or other health care <u>provider</u> , 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 <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
<u>Do I need a referral to see a specialist?</u>	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
<u>Are there services this plan doesn't cover?</u>	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-866-798-0803 or visit us at www.paisc.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.paisc.com

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs



- **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**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use preferred **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not Covered		Not Applicable
	Specialist visit			
	Other practitioner office visit	No charge for preventive services as outlined by the Affordable Care Act		This plan provides benefits for Preventive Services as outlined by the Affordable Care Act
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)	No charge for preventive services as outlined by the Affordable Care Act		This plan provides benefits for Preventive Services as outlined by the Affordable Care Act
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.paisc.com	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs	No Charge for preventive services as outlined by the Affordable Care Act		This plan provides benefits for Preventive Services as outlined by the Affordable Care Act
	Specialty Drugs	No charge for preventive services as outlined by the Affordable Care Act		This plan provides benefits for Preventive Services as outlined by the Affordable Care Act

Questions: Call 1-866-798-0803 or visit us at www.paisc.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.paisc.com

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge for preventive services as outlined by the Affordable Care Act	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act		
	Physician/surgeon fees				
If you need immediate medical attention	Emergency room services	No charge for preventive services as outlined by the Affordable Care Act	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act		
	Emergency medical transportation	Not Covered			
	Urgent care	No charge for preventive services as outlined by the Affordable Care Act	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act		
If you have a hospital stay	Facility fee (e.g., hospital room)	Not Covered			
	Physician/surgeon fee				
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge for preventive services as outlined by the Affordable Care Act	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act		
	Mental/Behavioral health inpatient services	Not Covered			
	Substance use disorder outpatient services	No charge for preventive services as outlined by the Affordable Care Act	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act		
	Substance use disorder inpatient services	Not Covered			
If you are pregnant	Prenatal and postnatal care	No charge for preventive services as outlined by the Affordable Care Act	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act		
	Delivery and all inpatient services	Not Covered			

Questions: Call 1-866-798-0803 or visit us at www.paisc.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.paisc.com

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Not Covered		
	Rehabilitation services			
	Habilitation services			
	Skilled nursing care			
	Durable medical equipment			
	Hospice service			
If your child needs dental or eye care	Eye exam	No charge for preventive services as outlined by the Affordable Care Act (for children only)	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act	
	Glasses	Not Covered		
	Dental check-up	No charge for preventive services as outlined by the Affordable Care Act (for children only)	This plan provides benefits for Preventive Services as outlined by the Affordable Care Act	

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 <u>excluded services</u> .)			
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 		<ul style="list-style-type: none"> • Routine foot care

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.)	
<ul style="list-style-type: none"> • Routine eye care (children only) 	

Questions: Call 1-866-798-0803 or visit us at www.paisc.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.paisc.com

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

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 1-866-798-0803. You may also contact 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: PAI at 1-866-798-0803 or your employer's human resources department. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA(3272) or www.dol.gov/ebsa/healthreform.

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: [insert applicable contact information from instructions].

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 or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does not meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-798-0803.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-798-0803

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-798-0803

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-866-798-0803.

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

Questions: Call 1-866-798-0803 or visit us at www.paisc.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.paisc.com

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

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** \$940.00
- **Patient pays** \$ 6,600

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	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$6,600
Total	\$6,600

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

- **Amount owed to providers:** \$5,400
- **Plan pays** \$200.00
- **Patient pays** \$ 5,200

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	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$5,200
Total	\$5,200

Questions: Call 1-866-798-0803 or visit us at www.paisc.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.paisc.com

Minimum Essential Coverage

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

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.