



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, visit [www.myhnas.com](http://www.myhnas.com) or call 1-855-539-0015. 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 [www.myhnas.com](http://www.myhnas.com) or call 1-855-539-0015 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	<b>For in-network <a href="#">providers</a></b> \$750/person and \$1,500/family. <b>For out-of-network <a href="#">providers</a></b> \$1,000/person and \$2,000/family.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this plan 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> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes, preventive care, benefits subject to a co-pay, and prescription drug expenses.	This <a href="#">plan</a> covers some items and services even if you haven't 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> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	<b>For in-network <a href="#">providers</a>:</b> <b>Out-of-Pocket</b> (deductible/coinsurance only) \$750/person and \$1,500/family. <b>Total Maximum Out-of-Pocket:</b> (Medical and Rx) \$4,350/person and \$8,700/family. <b>For out-of-network <a href="#">providers</a>:</b> Unlimited.	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> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Premiums, balance-billed charges, penalties, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.myhnas.com">www.myhnas.com</a> or call 1-855-539-0015 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> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware that 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

Important Questions	Answers	Why This Matters:
		<u>provider</u> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 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)	
If you visit a health care <a href="#">provider's office</a> or <a href="#">clinic</a>	Primary care visit to treat an injury or illness	\$25/visit. <u>Deductible</u> does not apply.	50% <u>coinsurance</u>	Diagnostic testing services, surgery, and injections performed during an office visit will apply to their own benefit.
	<a href="#">Specialist</a> visit	\$35/visit. <u>Deductible</u> does not apply.	50% <u>coinsurance</u>	Diagnostic testing services, surgery, and injections performed during an office visit will apply to their own benefit.
	<a href="#">Preventive care/screening/immunization</a>	No charge. <u>Deductible</u> does not apply.	50% <u>coinsurance</u>	Includes preventive services as mandated by ACA. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	50% <u>coinsurance</u>	Precertification required.*
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.empirxhealth.com">www.empirxhealth.com</a>	Generic drugs	Retail-\$20/prescription. <u>Deductible</u> does not apply. Mail-\$40/prescription. <u>Deductible</u> does not apply.		Certain medications considered <u>preventive care</u> under ACA are payable at no cost-share to the member.
	Preferred brand drugs	Retail-\$40/prescription. <u>Deductible</u> does not apply. Mail-\$80/prescription. <u>Deductible</u> does not apply.		Retail- Up to 34 day supply per copay. A 90 day supply may be obtained at 3 times the retail copayment.
	Non-preferred brand drugs	Retail-\$60/prescription. <u>Deductible</u> does not apply. Mail-\$120/prescription. <u>Deductible</u> does not apply.		Mail- Limited to a 90 day supply.
	<a href="#">Specialty drugs</a>	See applicable generic/brand copay.		Limited to a 30 day supply.

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

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)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	50% <u>coinsurance</u>	Precertification required.*
	Physician/surgeon fees	0% coinsurance	50% <u>coinsurance</u>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$150/visit. <u>Deductible</u> does not apply.	Same as in-network	The copayment is waived if you are admitted to the hospital.
	<a href="#">Emergency medical transportation</a>	0% coinsurance	Same as in-network	None
	<a href="#">Urgent care</a>	\$50/visit. <u>Deductible</u> does not apply.	50% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	50% <u>coinsurance</u>	Precertification required.*
	Physician/surgeon fees	0% coinsurance	50% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25/office visit. <u>Deductible</u> does not apply. 0% coinsurance for all other services.	50% <u>coinsurance</u>	None
	Inpatient services	0% coinsurance	50% <u>coinsurance</u>	Precertification required.*
If you are pregnant	Office visits	0% coinsurance	50% <u>coinsurance</u>	Cost-sharing does not apply for in-network routine services that are considered <u>preventive care</u> .
	Childbirth/delivery professional services	0% coinsurance	50% <u>coinsurance</u>	Covered for employee and employee spouse only.
	Childbirth/delivery facility services	0% coinsurance	50% <u>coinsurance</u>	Covered for employee and employee spouse only. Precertification is only required for stays exceeding the day limits outlined in the Newborns' and Mothers' Health Protection Act.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% coinsurance	50% <u>coinsurance</u>	Precertification required.*
	<a href="#">Rehabilitation services</a>	0% coinsurance	50% <u>coinsurance</u>	Includes physical, speech, occupational, and other rehabilitative therapies. Includes chiropractic care to a maximum 25 visits per benefit year combined in and out-of-network.

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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)	
	<a href="#">Habilitation services</a>	Not covered	Not covered	None
	<a href="#">Skilled nursing care</a>	0% coinsurance	50% <u>coinsurance</u>	Precertification required.*
	<a href="#">Durable medical equipment</a>	0% coinsurance	50% <u>coinsurance</u>	Precertification required for DME over \$500.* Wigs are limited to two per lifetime, when hair loss is the result of a medical condition.
	<a href="#">Hospice services</a>	0% coinsurance	50% <u>coinsurance</u>	Precertification required.*
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

\* Precertification is required before certain medical services. Emergency admissions must be certified within 48 hours following the admission. To precertify services, call the phone number indicated on your ID card. **Failure to precertify out-of-network services may result in a penalty.**

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (adult)</li> <li>• Habilitation services</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>• Routine eye care (adult)</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>• Private duty nursing</li> </ul>

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

**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: HealthNow Administrative Services, 1-855-539-0015, [www.myhnas.com](http://www.myhnas.com); Department of Labor/Employee Benefits Security Administration, 1-866-444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). 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: HealthNow Administrative Services, 1-855-539-0015, [www.myhnas.com](http://www.myhnas.com).

**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 1-855-539-0015.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-539-0015.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-539-0015.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-539-0015.

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

## 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](#) \$750
- [Specialist](#) copayment \$35
- Hospital (facility) coinsurance 0%
- Other coinsurance 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:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$750
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$820</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$750
- [Specialist](#) copayment \$35
- Hospital (facility) coinsurance 0%
- Other coinsurance 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:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$120
<a href="#">Copayments</a>	\$1,100
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,240</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$750
- [Specialist](#) copayment \$35
- Hospital (facility) coinsurance 0%
- Other coinsurance 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:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$750
<a href="#">Copayments</a>	\$230
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$980</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.