



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.umar.com](http://www.umar.com) or by calling 1-800-826-9781. 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.umar.com](http://www.umar.com) or call 1-800-826-9781 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <a href="#">deductible</a> ?	\$2,700 person / \$4,050 person + one / \$5,400 family	Generally, you must pay all 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 care</a> services 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> ?	\$6,850 person / \$10,275 person + one / \$13,700 family	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.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Penalties, <a href="#">premiums</a> , <a href="#">balance billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.umar.com">www.umar.com</a> or call 1-800-826-9781 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 plan's <a href="#">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 <a href="#">balance billing</a> ). 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
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	30% Coinsurance	Not covered	None
	<a href="#">Specialist</a> visit	30% Coinsurance	Not covered	None
	<a href="#">Preventive care/screening/immunization</a>	No charge; Deductible Waived	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	30% Coinsurance	Not covered	None
	Imaging (CT/PET scans, MRIs)	30% Coinsurance	Not covered	Preauthorization is required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
<p>If you need drugs to treat your illness or condition.</p> <p>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.OptumRx.com">www.OptumRx.com</a>.</p>	Generic drugs (Tier 1)	<p><b>Retail 30 day supply:</b>  <b>Kroger/Wal-Mart/CVS:</b>            1-30 days: 20% with \$10 min/\$100 max</p> <p><b>All other pharmacies:</b>  <u>Retail (Non- Maintenance)</u>            20% (\$10 min &amp; \$100 max)</p> <p><u>Retail (Maintenance)</u>            20% (\$10 min &amp; \$100 max)  <b>After 2<sup>nd</sup> refill: 40% (\$20 min / \$200 max)</b></p> <p><b>Retail 90 day supply:</b>  <b>Kroger/Wal-Mart/CVS:</b>            31-90 days: 20% with \$20 min/ \$200 max</p> <p><b>Mail order:</b>            20% with \$20 min/ \$200 max</p>	<p><b>Retail 30 day supply:</b>  <b>Kroger/Wal-Mart/CVS:</b>            1-30 days: 20% with \$10 min/\$100 max</p> <p><b>All other pharmacies:</b>  <u>Retail (Non- Maintenance)</u>            20% (\$10 min &amp; \$100 max)</p> <p><u>Retail (Maintenance)</u>            20% (\$10 min &amp; \$100 max)  <b>After 2<sup>nd</sup> refill: 40% (\$20 min / \$200 max)</b></p> <p><b>Retail 90 day supply:</b>  <b>Kroger/Wal-Mart/CVS:</b>            31-90 days: 20% with \$20 min/ \$200 max</p> <p><b>Mail order:</b>            20% with \$20 min/ \$200 max</p>	1 retail grace fill allowed at retail for specialty medications. Subsequent fills will be dispensed by Acaria Health.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
	Preferred brand drugs (Tier 2)	<b>Retail 30 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 1-30 days: 25% with \$30 min/\$160 max  <b>All other pharmacies:</b> <u>Retail (Non- Maintenance)</u> 25% (\$30 min & \$160 max)  <u>Retail (Maintenance)</u> 25% (\$30 min & \$160 max) <b>After 2<sup>nd</sup> refill: 50% (\$60 min / \$320 max)</b>  <b>Retail 90 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 31-90 days: 25% with \$60 min/ \$320 max  <b>Mail order:</b> 25% with \$60 min/ \$320 max	<b>Retail 30 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 1-30 days: 25% with \$30 min/\$160 max  <b>All other pharmacies:</b> <u>Retail (Non- Maintenance)</u> 25% (\$30 min & \$160 max)  <u>Retail (Maintenance)</u> 25% (\$30 min & \$160 max) <b>After 2<sup>nd</sup> refill: 50% (\$60 min / \$320 max)</b>  <b>Retail 90 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 31-90 days: 25% with \$60 min/ \$320 max  <b>Mail order:</b> 25% with \$60 min/ \$320 max	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
	Non-preferred brand drugs (Tier 3)	<b>Retail 30 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 1-30 days: 30% with \$75 min/\$225 max  <b>All other pharmacies:</b> <u>Retail (Non- Maintenance)</u> 30% (\$75 min & \$225 max)  <u>Retail (Maintenance)</u> 30% (\$75 min & \$225 max) <b>After 2<sup>nd</sup> refill: 60% (\$150 min / \$459 max)</b>  <b>Retail 90 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 31-90 days: 30% with \$150 min/ \$450 max  <b>Mail order:</b> 30% with \$150 min/ \$450 max	<b>Retail 30 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 1-30 days: 30% with \$75 min/\$225 max  <b>All other pharmacies:</b> <u>Retail (Non- Maintenance)</u> 30% (\$75 min & \$225 max)  <u>Retail (Maintenance)</u> 30% (\$75 min & \$225 max) <b>After 2<sup>nd</sup> refill: 60% (\$150 min / \$459 max)</b>  <b>Retail 90 day supply:</b> <b>Kroger/Wal-Mart/CVS:</b> 31-90 days: 30% with \$150 min/ \$450 max  <b>Mail order:</b> 30% with \$150 min/ \$450 max	
	<a href="#">Specialty drugs</a> (Tier 4)	Specialty medications are covered in the tiers listed above.	Specialty medications are covered in the tiers listed above.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% Coinsurance	Not covered	Preauthorization is required.
	Physician/surgeon fees	30% Coinsurance	Not covered	None
If you need immediate	<a href="#">Emergency room care</a>	\$200 Copay per visit; 30% Coinsurance	\$200 Copay per visit; 30% Coinsurance	Copay may be waived if admitted

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
<b>medical attention</b>	<a href="#">Emergency medical transportation</a>	30% Coinsurance	30% Coinsurance	None
	<a href="#">Urgent care</a>	30% Coinsurance	Not covered	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	30% Coinsurance	Not covered	Preauthorization is required.
	Physician/surgeon fee	30% Coinsurance	Not covered	None
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Outpatient services	30% Coinsurance	Not covered	Preauthorization is required for Partial hospitalization.
	Inpatient services	30% Coinsurance	Not covered	Preauthorization is required.
<b>If you are pregnant</b>	Office visits	No charge; Deductible Waived	Not covered	Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
	Childbirth/delivery professional services	30% Coinsurance	Not covered	include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	30% Coinsurance	Not covered	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	30% Coinsurance	Not covered	Preauthorization is required.
	<a href="#">Rehabilitation services</a>	30% Coinsurance	Not covered	45 Maximum visits per plan year; Preauthorization is required.
	<a href="#">Habilitation services</a>	Not covered	Not covered	None
	<a href="#">Skilled nursing care</a>	30% Coinsurance	Not covered	Preauthorization is required.
	<a href="#">Durable medical equipment</a>	30% Coinsurance	Not covered	Preauthorization is required for DME in excess of \$500 for purchases or for all rentals.
	<a href="#">Hospice service</a>	30% Coinsurance	Not covered	Preauthorization is required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		EPO (You will pay the least)	Non-EPO (You will pay the most)	
<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

#### Excluded Services & Other Covered Services:

**Services Your [Plan](#) Does NOT Cover** (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care (Adult)
- Routine eye care (Adult)
- Routine foot care

**Other Covered Services** (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (EPO only)
- Bariatric surgery (Bariatric Resource Services only)
- Chiropractic care (EPO only)
- Hearing aids (EPO only)
- Infertility treatment (EPO only)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (Outpatient care) (EPO only)

**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's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [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: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program may help you file your [appeal](#). A list of states with Consumer Assistance Programs is available at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.



**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 Standard? 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 1-800-826-9781.

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

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## 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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,700
■ <a href="#">Specialist coinsurance</a>	30%
■ Hospital (facility) <a href="#">coinsurance</a>	30%
■ Other <a href="#">coinsurance</a>	30%

#### 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>\$12,800</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,700
Copayments	\$0
Coinsurance	\$2,700
What isn't covered	
Limits or exclusions	\$100
<b>The total Peg would pay is</b>	<b>\$5,500</b>

### Managing Joe's type 2 Diabetes

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,700
■ <a href="#">Specialist coinsurance</a>	30%
■ Hospital (facility) <a href="#">coinsurance</a>	30%
■ Other <a href="#">coinsurance</a>	30%

#### 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>\$7,400</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles*	\$1,200
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$6,000
<b>The total Joe would pay is</b>	<b>\$7,200</b>

### Mia's Simple Fracture

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$2,700
■ <a href="#">Specialist coinsurance</a>	30%
■ Hospital (facility) <a href="#">coinsurance</a>	30%
■ Other <a href="#">coinsurance</a>	30%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic tests (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles*	\$1,700
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [www.umar.com](http://www.umar.com) or call 1-800-826-9781.

\*Note: This plan has other [deductibles](#) for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.