



**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.apex-healthsolutions.com](http://www.apex-healthsolutions.com) or by calling 1-800-753-8429, The Uniform Glossary can be accessed at: [www.cciio.cms.gov](http://www.cciio.cms.gov) or by calling 1-800-753-8429.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	\$200 Individual/\$400 Family	You must pay all the costs up to the <b>deductible</b> 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 1 <sup>st</sup> ). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other <b>deductibles</b> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <b>out-of-pocket limit</b> on my expenses?	Yes. \$1, 500 Individual/\$3,000 Family	The <b>out-of-pocket limit</b> 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 <b>out-of-pocket limit</b> ?	Prescription coinsurance and copays, premiums, balance billed charges (unless balanced billing is prohibited), health care this plan does not cover, and Hospital Pre-Admission Certification penalties.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
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 <b>network of providers</b> ?	No.	This plan treats <b>providers</b> the same in determining payment for the same service.
Do I need a referral to see a <b>specialist</b> ?	No.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	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 <b>excluded services</b> .

- **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 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**.)

Common Medical Event	Services You May Need	Your Cost	
			Limitations & Exceptions
<b>If you visit a health care <b>provider's</b> office or clinic</b>	Primary care visit to treat an injury or illness	20% Coinsurance	None
	Specialist visit	20% Coinsurance	None
	Other practitioner office visit	20% Coinsurance	Limited to 60 visits combined with rehabilitation services
	Preventive care/screening/immunization	No Charge	None
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	20% Coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	Prior Authorization Required

Common Medical Event	Services You May Need	Your Cost		Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  <a href="http://www.caremark.com">www.caremark.com</a>	Generic drugs		\$10 Copay/prescription retail; \$25 Copay/prescription mail order	Retail maximum 30 day supply. Mail order maximum 90 day supply. Several drugs require prior authorization, step therapy, quantity and/or age limits. Refer to plan document for details.
	Preferred brand drugs		20% Coinsurance	\$50 maximum copay/prescription retail; \$125 maximum copay/prescription mail order. Retail maximum 30 day supply. Mail order maximum 90 day supply. Several drugs require prior authorization, step therapy, quantity and/or age limits. Refer to plan document for details.
	Non-preferred brand drugs		25% Coinsurance	\$70 maximum copay/prescription retail; \$175 maximum copay/prescription mail order. Retail maximum 30 day supply. Mail order maximum 90 day supply. Several drugs require prior authorization, step therapy, quantity and/or age limits. Refer to plan document for details.
	Specialty drugs		25% Coinsurance	\$125 maximum copay/prescription. Maximum 30 day supply. Several drugs require prior authorization, step therapy, quantity and/or age limits. Refer to plan document for details.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)		20% Coinsurance	None
	Physician/surgeon fees		20% Coinsurance	None
<b>If you need immediate medical attention</b>	Emergency room services		20% Coinsurance	None

Questions: Call 1-800-753-8429 or visit us at [www.apex-healthsolutions.com](http://www.apex-healthsolutions.com). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-753-8429 to request a copy.

Common Medical Event	Services You May Need	Your Cost		Limitations & Exceptions
	Emergency medical transportation		20% Coinsurance	Non-emergent ambulance requires prior authorization
	Urgent care		20% Coinsurance	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)		20% Coinsurance	Requires prior authorization
	Physician/surgeon fee		20% Coinsurance	None
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services		20% Coinsurance	None
	Mental/Behavioral health inpatient services		20% Coinsurance	Requires prior authorization
	Substance use disorder outpatient services		20% Coinsurance	None
	Substance use disorder inpatient services		20% Coinsurance	Requires prior authorization
<b>If you are pregnant</b>	Prenatal and postnatal care		20% Coinsurance	None
	Delivery and all inpatient services		20% Coinsurance	None
<b>If you need help recovering or have other special health needs</b>	Home health care		20% Coinsurance	Limited to 120 days
	Rehabilitation services		20% Coinsurance	Limited to 60 visits combined with other practitioner office visits
	Habilitation services		20% Coinsurance	Limited to 20 visits each for speech and occupational therapy; 30 visits per year for mental/behavioral health and 20 hours per week for clinical therapeutic intervention.
	Skilled nursing care		20% Coinsurance	Limited to 120 days per year
	Durable medical equipment		20% Coinsurance	In-Network diabetic supplies are covered at No Charge
	Hospice service		20% Coinsurance	Must have a life expectancy of 6 months or less
<b>If your child needs dental or eye care</b>	Eye exam		No Charge	Limited to one exam every 2 years
	Glasses		Not Covered	None
	Dental check-up		Not Covered	None

## 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](#).)

- Cosmetic surgery
- Hearing Aids
- Long-term care
- Dental Care (Adult)
- Infertility Treatments (Diagnosis and Medical Treatment are covered)
- Non-emergency care when traveling outside the U.S.
- 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.)

- Acupuncture
- Chiropractic Care
- Routine Eye care
- Bariatric Surgery
- Habilitation Services
- Weight Loss Programs (Weight Watchers)
- Private Duty Nursing

## 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 1-800-753-8429. 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](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccio.cms.gov](http://www.ccio.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: Apex Health Solutions at 1-800-753-8429 or contact us via our website at [www.apex-healthsolutions.com](http://www.apex-healthsolutions.com). You may also contact the State Department of Insurance at 1-800-686-1526 or [www.ohioins.odi.gov](http://www.ohioins.odi.gov) or the 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).

**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 meet the minimum value standard for the benefits it provides.**

---

*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 \$6,460
- Patient pays \$1,080

#### 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
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$200
Copays	\$130
Coinsurance	\$750
Limits or exclusions	\$0
<b>Total</b>	<b>\$1,080</b>

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

- Amount owed to providers: \$5,400
- Plan pays \$4,400
- Patient pays \$960

#### 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
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$200
Copays	\$670
Coinsurance	\$90
Limits or exclusions	\$0
<b>Total</b>	<b>\$960</b>

## 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.