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.cwibenefits.com/tools or by calling **1-800-992-8088.**

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$0** person / **$0** family for Network and Non-Network.	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Eligible services are covered at 100%. Plan Participants are not responsible for any cost sharing expenses.	The out-of-pocket limit 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. Since this Plan pays eligible expenses at 100%, you have no share of the cost and the out-of-pocket limit does not apply.
What is not included in the out–of–pocket limit?	This plan has no out-of-pocket expenses because all eligible expenses are covered at 100%.	Not applicable because there's no out-of-pocket costs on eligible expenses.
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 network of providers?	Yes. See www.multiplan.com or www.cwibenefits.com/tools or call **1-800-992-8088** for a list of participating providers.	If you use an in-network doctor or other health care **provider**, 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 **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the **specialist** 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 **excluded services**.

- **Co-payments** 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 Network **providers** by charging you lower **deductibles**, **co-payments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-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	Not covered		Not applicable.
	Other practitioner office visit	Not covered		Not applicable.
	Preventive care/screening/immunization	No charge	Not covered	Limited to preventive services for adults, including pregnant women, and children as required by ACA. The services include counseling and screening for alcohol misuse, blood pressure, cholesterol, colorectal cancer, depression, type 2 Diabetes, HIV, obesity, STI prevention, tobacco use, anemia, breast cancer, cervical cancer, domestic and interpersonal violence, osteoporosis, syphilis, autism, immunizations, well-woman visits, vision and hearing screenings for children. A complete list of the ACA preventive recommendations and guidelines can be found at http://www.uspreventiveservicestaskforce.org
If you have a test	Diagnostic test (x-ray, blood work)	Not covered		Not applicable.
	Imaging (CT/PET scans, MRIs)	Not covered		Not applicable.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.pharmavail.com.	Generic drugs	No charge	Not covered	Limited to the following services if FDA-approved and prescribed by a doctor: - Contraceptive methods for women, including OTC (such as contraceptive sponges and spermicides); - Aspirin to prevent Cardiovascular Disease (OTC); - Iron Supplementation (OTC) (for Children at increased risk for iron-deficiency anemia); - Folic Acid Supplementation (for women planning or capable of pregnancy); - Oral Fluoride Supplementation (where water source does not contain fluoride); - Smoking deterrents. A description of these services can be found at https://www.healthcare.gov/preventive-care-benefits/
	Brand Name drugs			
	Non-Preferred Brand Name drugs			
	Specialty drugs	Not covered		Not applicable.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not covered		Not applicable.
	Physician/surgeon fees	Not covered		Not applicable.
If you need immediate medical attention	Emergency room services	Not covered		Not applicable.
	Emergency medical transportation	Not covered		Not applicable.
	Urgent care	Not covered		Not applicable.
If you have a hospital stay	Facility fee (e.g., hospital room)	Not covered		Not applicable.
	Physician/surgeon fee	Not covered		Not applicable.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Not covered		Not applicable.
	Mental/Behavioral health inpatient services	Not covered		Not applicable.
	Substance use disorder outpatient services	Not covered		Not applicable.
	Substance use disorder inpatient services	Not covered		Not applicable.
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	Limited to services covered in accordance with the ACA preventive guidelines.
	Delivery and all inpatient services	Not covered		Not applicable.
If you need help recovering or have other special health needs	Home health care	Not covered		Not applicable.
	Rehabilitation services	Not covered		Not applicable.
	Habilitation services	Not covered		Not applicable.
	Skilled nursing care	Not covered		Not applicable.
	Durable medical equipment	Not covered		Not applicable.
	Hospice service	Not covered		Not applicable.
If your child needs dental or eye care	Eye exam	No charge	Not covered	Limited to vision screening in accordance with the ACA preventive guidelines.
	Glasses	Not covered		Not applicable.
	Dental check-up	Not covered		Not applicable.

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.)

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Cosmetic surgery
- Dental care
- Diagnostic testing and imaging, other than preventive
- Emergency room visits and treatment
- Eye wear (glasses and contacts)
- Hearing aids
- Infertility treatment
- Inpatient hospital stays
- Long-term care
- Mental health and substance abuse treatment
- Non-emergency care when traveling outside the U.S.
- Prescription drugs other than the required preventive medications
- Physician visits for illness or injury
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Urgent care visits and treatment
- Weight loss programs

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.)

- Preventive care covered under ACA

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 1-800-992-8088. 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, 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 the plan at 1-800-992-8088. 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, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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.**

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** $110
- **Patient pays** $7,430

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	$7,430
Total	**$7,430**

Note: A limited number of prenatal visits may be covered at no charge according to the guidelines in the Affordable Care Act for Preventive Services.

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

- **Amount owed to providers:** $5,400
- **Plan pays** $50
- **Patient pays** $5,350

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	$5,350
Total	**$5,350**

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.