



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, call Imagine360 at 1-800-903-4360. 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.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-903-4360 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$1,500</b> person/ <b>\$3,000</b> family for Level I & Level II PPO & Non-PPO	Generally, you must pay all of 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> ?	<b>Yes.</b> <a href="#">Preventive care</a> & primary care 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="#">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?	<b>No.</b>	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> ?	<b>\$6,000</b> person/ <b>\$12,000</b> family for Level I & Level II PPO & Non- PPO	The <a href="#">out-of-pocket</a> limit 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> ?	Premiums; balance-billed charges; any noncompliance 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> .
Will you pay less if you use a <a href="#">network provider</a> ?	<b>Yes.</b> See page 2 for an explanation of Level I & Level II <a href="#">Providers</a> . Visit <a href="http://providers.partnersdirecthealth.com">providers.partnersdirecthealth.com</a> for a list of participating Partners Direct Health Level II providers or Visit <a href="http://www.healthsmart.com">www.healthsmart.com</a> or call 1-800-687-0500 for a list of participating HealthSmart Level II <a href="#">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 provider's charge and what your <a href="#">plan</a> pays ( <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> .
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All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.



Level I [Providers](#) include but are not limited to: Hospitals (Inpatient and Outpatient treatment); Inpatient Facilities (such as Rehabilitation Facilities, Skilled Nursing Facilities and [Hospice](#)); Inpatient and Outpatient Facilities of Mental Disorders, Chemical Dependency, Drug and Substance Abuse; Ambulatory Surgery Centers and Dialysis Clinics

Level II [Providers](#) are [Physicians](#) and all other [Providers](#) of service not defined as a Level I [Provider](#).

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	N/A	\$30 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	\$30 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	Family/General Practitioners, Pediatricians, Internists & Obstetrician Gynecologists are considered Primary Care Providers (PCP). PCP <a href="#">copay</a> applies to Level II PPO mental/behavioral & substance abuse office visits. There is no charge to Plans Telehealth/Telemedicine vendor Virtual Emergent & Urgent Care consultations, for female office sterilization & all FDA approved contraceptive methods. \$30 <a href="#">copay</a> (10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived) applies to Plans Telehealth/Telemedicine vendor Virtual Primary Care consultations. \$30 <a href="#">copay</a> (10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived) applies to Plans Telehealth Telemedicine vendor Virtual Mental Health consultations. Non-PPO charges are based on Allowable Claims Limits.
	<a href="#">Specialist</a> visit	N/A	\$60 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
	<a href="#">Preventive care/screening/immunization</a>	No Charge	No Charge	No Charge	See your plan document for additional benefit information & limitations. Level I & Non-PPO charges are based on Allowable Claims Limits.  You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your plan will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Level I & Non-PPO charges are based on Allowable Claims Limits.
	Imaging (CT/PET scans, MRIs)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	0% <a href="#">coinsurance</a> , <a href="#">deductible</a> waived applies to MRIs, CTs & PET Scans billed by KIS Imaging. Level I & Non-PPO charges are based on Allowable Claims Limits.
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="#">www.myrxvalet.com</a> .	Generic drugs	<a href="#">Copay</a> : Retail \$10 (30-day supply) Mail Order \$20 (90-day supply)			Covers a 30-day supply for Retail/90-day supply for Mail Order/30-day supply for Specialty. See your plan document for information about drugs that require prior authorization and drugs that are excluded.
	Preferred brand drugs	<a href="#">Copay</a> : Retail \$50 (30-day supply) Mail Order \$100 (90-day supply)			
	Non-preferred brand drugs	<a href="#">Copay</a> : Retail \$80 (30-day supply) Mail Order \$160 (90-day supply)			
	<a href="#">Specialty drugs</a>	<a href="#">Copay</a> : Retail \$100 (30-day supply)			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	N/A	Level I & Non-PPO charges are based on Allowable Claims Limits.
	Physician/surgeon fees	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$500 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	ER <a href="#">copay</a> waived if admitted IP. UR notification required if admitted inpatient or \$250 non-compliance penalty applies. Level I & Non-PPO charges are based on Allowable Claims Limits.
	<a href="#">Emergency</a>	10% <a href="#">coinsurance</a> ;	10% <a href="#">coinsurance</a> ;	10% <a href="#">coinsurance</a> ;	Level I & Non-PPO charges are based on

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
	<a href="#">medical transportation</a>	<a href="#">deductible</a> applies	<a href="#">deductible</a> applies	<a href="#">deductible</a> applies	Allowable Claims Limits.
	<a href="#">Urgent care</a>	\$75 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	\$75 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	\$75 <a href="#">copay</a> /visit; 10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> waived	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	N/A	UR notification required or \$250 non-compliance penalty applies. Level I & Non-PPO charges are based on Allowable Claims Limits.
	Physician/surgeon fees	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	See 'If you visit a health care <a href="#">provider's office or clinic</a> ' for the office visit benefit. UR notification required for Inpatient admissions and day treatment or \$250 non-compliance penalty applies. Level I & Non-PPO charges are based on Allowable Claims Limits.
	Inpatient services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If you are pregnant	Office visits	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Office visit <a href="#">copayment</a> applies to the initial visit only. Contact UR for coordination of prenatal care. Level I & Non-PPO charges are based on Allowable Claims Limits.
	Childbirth/delivery professional services	N/A	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	Childbirth/delivery facility services	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	N/A	N/A	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	Services are limited per calendar year to 60 visits for Home Health, 35 visits combined for Physical/Speech/ Occupational Therapy & Chiropractic Care & 25 days combined for Skilled Nursing/ Rehabilitation Facilities. Treatment of developmental delays may not be covered. See your plan document for additional information. UR notification required for Inpatient Admission & Inpatient Hospice or
	<a href="#">Rehabilitation services</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Habilitation services</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
	<a href="#">Skilled nursing care</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Level I Provider	Level II PPO Provider	Level II Non-PPO Provider	
	<a href="#">Durable medical equipment</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	\$250 non-compliance penalty applies. Level I & Non-PPO charges are based on Allowable Claims Limits.
	<a href="#">Hospice services</a>	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	10% <a href="#">coinsurance</a> ; <a href="#">deductible</a> applies	
If your child needs dental or eye care	Children's eye exam	No Charge	No Charge	No Charge	Benefit applies to routine vision & hearing screenings for children. Non-PPO charges are based on Allowable Claims Limits.
	Children's glasses	Not Covered			Not Covered
	Children's dental check-up	Not Covered			Not Covered

#### Excluded Services & Other Covered Services:

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

- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult)
- Infertility Treatment
- Long Term Care
- Non-emergency care when traveling outside the U.S.
- Private Duty Nursing
- Routine foot care
- Weight Loss Programs

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

- Acupuncture
- Chiropractic Care
- Hearing Aids
- Routine Eye Care (Adult)

**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: 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.cciio.cms.gov](http://www.cciio.cms.gov). 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: 800-903-4360 or the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**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:**

Español: Para obtener asistencia en Español, llame al 800-903-4360.

Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-903-4360.

中文: 如果需要中文的帮助, 请拨打这个号码 800-903-4360.

Dine: Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-903-4360.

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

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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>	\$1500
■ <a href="#">Specialist copay</a>	\$60
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

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:

Cost Sharing	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$40
<a href="#">Coinsurance</a>	\$1,110
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,710</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>	\$1500
■ <a href="#">Specialist copay</a>	\$60
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

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:

Cost Sharing	
<a href="#">Deductibles</a>	\$900
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,720</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>	\$1500
■ <a href="#">Specialist copay</a>	\$60
■ Hospital (facility) <a href="#">coinsurance</a>	10%
■ Other <a href="#">coinsurance</a>	10%

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:

Cost Sharing	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$120
<a href="#">Coinsurance</a>	\$100
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,720</b>