

## Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Service Coverage Period: 02/01/2019–12/31/2019:

Five Points Benefit Plans, LLC - PPO Plan

Coverage for: Self-funded Group | Plan Type – Silver Plan: PPO



The Summary of Benefits and Coverage (SBC) document of your 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, [www.fivepointsbenefitplans.com](http://www.fivepointsbenefitplans.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the glossary which you can view at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary), [www.dol.gov/ebsa/pdf/SBCUnifomGlossary.com](http://www.dol.gov/ebsa/pdf/SBCUnifomGlossary.com) or call 1-866-882-2034 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$500 Individual \$500 Family (In-Network)</b>	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before his 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>We have \$0 deductibles on this plan.</b>
Are there services covered before you meet your <a href="#">deductible</a> ?	<b>OPTUM RX \$500 <a href="#">deductible</a></b>	You have to meet <b>deductible</b> for RX services, but see the chart starting on page 2 for costs of services for this plan.
Are there other <a href="#">deductibles</a> for specific services?	<b>YES</b>	<b>You have to meet OPTUM RX \$500 <a href="#">deductible</a> for specific services.</b>
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<b>No out-pocket-limit</b>	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> ?	<b>Premiums and health care this plan doesn't cover.</b>	Even though you pay these expenses, they do not 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.firstthealth.com">www.firstthealth.com</a> or call 1-800-226-5116 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 your network provider 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> ?	<b>No</b>	The most you will pay is 40% to see a <a href="#">specialist</a> for covered services but only In-network.

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	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care (PCP) visit to treat an injury or illness	40% or less	100% Member Responsibility	None
	<u>Specialist</u> visit	40% or less <u>coinsurance</u>	100% Member Responsibility	Includes behavioral health medication management visits. Primary Care Physician (PCP) referral is NOT required for most specialty care.
	<u>Preventive care/screening/immunization</u>	<b>No charge – 100% Covered</b>	100% Member Responsibility	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	40% or less <u>coinsurance</u>	100% Member Responsibility	<b>You are responsible for the first 40% of the eligible expense. Prior authorization Required.</b>
	Imaging(CT/PET scans, MRIs)	40% or less <u>coinsurance</u>	100% Member Responsibility	<b>You are responsible for the first 40% of the eligible expense. Prior authorization Required.</b>
<b>If you need drugs to treat your illness or condition</b> More information about <u>prescription drug coverage</u> is available at <a href="http://www.optumrx.com">www.optumrx.com</a>	Generic drugs	\$7/prescription retail; \$14/prescription mail-order	100% Member Responsibility	<b>\$500 Deductible Applies.</b>
	Preferred brand drugs	\$20/prescription retail; \$50/prescription mail-order		
	Non-preferred brand drugs	\$45/prescription retail; \$110/prescription mail-order		
	<u>Specialty drugs</u>	Visit <a href="http://www.optumrx.com">www.optumrx.com</a> for details.		

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)	100% Member Responsibility	100% Member Responsibility	None
	Physician/surgeon fees	100% Member Responsibility	100% Member Responsibility	
If you need immediate medical attention	<a href="#">Emergency room care</a> –	100% Member Responsibility	100% Member Responsibility	None
	<a href="#">Emergency medical transportation</a>	100% Member Responsibility	100% Member Responsibility	None
	<a href="#">Urgent care</a>	40% or less coinsurance	100% Member Responsibility	None
If you have a hospital stay	Facility fee (e.g., hospital room)	100% Member Responsibility	100% Member Responsibility	None
	Physician/surgeon fees	100% Member Responsibility	100% Member Responsibility	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	100% Member Responsibility	100% Member Responsibility	None
	Inpatient services	100% Member Responsibility	100% Member Responsibility	None
If you are pregnant	Office visits	40% Member Responsibility	100% Member Responsibility	N/A
	Childbirth/delivery professional services	100% Member Responsibility	100% Member Responsibility	None
	Childbirth/delivery facility services	100% Member Responsibility	100% Member Responsibility	None
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	100% Member Responsibility	100% Member Responsibility	None

	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)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Rehabilitation services</a>	Not Covered	100% Member Responsibility	None
	<a href="#">Habilitation services</a>			
	<a href="#">Skilled nursing care</a>	Not Covered	100% Member Responsibility	None
	<a href="#">Durable medical equipment</a>	Not Covered	100% Member Responsibility	None
	<a href="#">Hospice services</a>	Not Covered	100% Member Responsibility	None
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not covered	Not covered
	Children's glasses	Not Covered	Not covered	Not covered
	Children's dental check-up	Not Covered	Not covered	Not covered

## Excluded Services & Other Covered Services:

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

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Cosmetic Surgery</li><li>• Weight loss programs</li></ul> | <ul style="list-style-type: none"><li>• Long-term care</li><li>• Private-duty nursing</li></ul> |
|---|---|

**Please see your [plan](#) document.**

**Your [Plan](#) Does NOT Cover**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• There is no coverage outside the Continental US</li></ul> | <ul style="list-style-type: none"><li>• Hearing aids (limited to member age 19 or younger)</li><li>• Infertility treatment</li><li>• Non-emergency care when travelling outside the US</li></ul> |
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**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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272). For more information on your rights to continue coverage, contact [Five Points Benefit Plans, LLC at 1.800.521.7244 or www.fivepointsbenefitplans.com](#). 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](#) 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: [Five Points Benefit Plans, LLC at 1.800.521.7244 or www.fivepointsbenefitplans.com](#). You may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or visit their website at [www.dol.gov/ebsa/healthreform](#). Additionally, a consumer assistance program can help you file your appeal.

**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 Standards? No**

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 [Five Points Benefit Plans, LLC at 1.800.521.7244 or www.fivepointsbenefitplans.com](#)

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*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 <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> copayment	\$0
■ Hospital(facility) Out Patient Only	\$0
■ Other cost share	40%

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*)

Total Example Cost	\$12,730
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance**	40%
What isn't covered	
Limits or exclusions	\$0
<b>The Most Peg would pay is</b>	<b>\$10,730</b>

### Managing Joe's type 2Diabetes

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> copayment	\$0
■ Hospital(facility) – Out Patient Only	40%
■ Other cost share	40%

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*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	40%
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$3,960</b>

### Veronica's Simple Fracture

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist</a> copayment	\$0
■ Hospital (facility) – Out Patient Only	40%
■ Other cost share	40%

This EXAMPLE event includes services like:  
 Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,920
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In this example, Veronica would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	40%
What isn't covered	
Limits or exclusions	\$0
<b>The total Veronica would pay is</b>	<b>\$768</b>