



# Employee Benefits 2019 Enrollment Guide



## Welcome to Enrollment for your Benefits!

As a newly hired employee you are eligible for benefits the first of the month following 60 days from your date of hire. All variable hour employees are subject to an Affordable Care Act (ACA) look-back period of 6 months. Should you decide to waive benefits, you will not be eligible for the benefits until the next Open Enrollment. Some restrictions may apply.

Schmidt Family Restaurant Group offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



### Who is Eligible?

If you are a full-time employee (working 30+ hours per week) you are eligible to enroll in all of the benefits in this booklet, unless specified.

### How to Enroll

The first step is to review your plan options and then make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

### When to Enroll

Benefits are effective the first of the month following 60 days of employment. All elections should be made within 30 days of your date of hire. All variable hour employees are subject to an Affordable Care Act (ACA) look-back period of 6 months.

**LATE ENTRIES WILL BE SUBJECT TO DENIAL BY THE INSURANCE COMPANY UNTIL OPEN ENROLLMENT.**

### How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

## Medical and Prescription Drugs

Your health insurance will continue to be offered through Anthem effective February 1, 2019.

Below is a high-level comparison of in-network benefits. Dependent children are eligible for benefits up to age 26, regardless of student status. Please refer to the back of this booklet for more details including the Summary of Benefits & Coverage, network and prescription formulary look-up instructions, as well as wellness reward opportunities.

Anthem Health Plans		
Services	CORE – Lumenos HSA \$5000 Embedded Deductible*	BUY-UP – Lumenos HSA \$3000 Embedded Deductible*
<b>*Deductible – Individual / Family</b>	\$5,000 / \$10,000	\$3,000 / \$6,000
<b>Coinsurance</b>	25%	0%
<b>Physician / Specialist Visit</b>	25% after deductible	\$25 after deductible \$50 after deductible
<b>Hospitalization</b>		
• Inpatient	25% after deductible	0% after deductible
• Outpatient	25% after deductible	0% after deductible
<b>Preventive Care</b>	Covered at 100%	Covered at 100%
<b>Urgent Care</b>	25% after deductible	\$75 after deductible
<b>Emergency Room</b>	25% after deductible	\$250 copayment after deductible
<b>Out-of-Pocket - Individual / Family</b> (includes deductibles, copayments and coinsurance for medical & pharmacy)	\$6,000 / \$12,000	\$5,000 / \$10,000
<b>Prescription Drugs: Retail</b>		
- Tier 1	\$10 copayment after deductible	\$10 copayment after deductible
- Tier 2	\$35 copayment after deductible	\$35 copayment after deductible
- Tier 3	\$60 copayment after deductible	\$60 copayment after deductible

EMPLOYEE COST – BI-WEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<b>CORE Plan</b>	\$37.60	\$244.42	\$206.82	\$414.57
<b>BUY-UP Plan</b>	\$60.78	\$284.63	\$243.19	\$471.06

## HOW TO FIND A PROVIDER

1. Visit [www.anthem.com](http://www.anthem.com)
2. From the menu, click on “Find a Doctor”
3. Search by Plan or Network
4. Enter Search criteria, including the type of care, state and plan. Your plan/network is Blue Access PPO
5. Click “Continue”
6. Enter your criteria and click “Search”

## HOW TO SEARCH FOR YOUR PRESCRIPTION IN THE ESSENTIAL 3-TIER FORMULARY

1. Visit [www.anthem.com](http://www.anthem.com)
2. From the menu, click on “Search Medications”
3. Scroll down and select “Essential Drug List 3-Tier”
4. Begin searching for your prescription

Please note that some prescriptions do require a pre-certification to be done by your provider prior to you getting your prescription. Please check online to see if your prescription requires pre-certification with Anthem.

## DENTAL

Your dental insurance will be offered through Anthem as of February 1, 2019. Below is a high-level comparison of in-network & out-of-network benefits. Dependent children are eligible for benefits up to age 26, regardless of student status.

Please refer to the back of this booklet for more details including the Benefit Summary.

Services	Anthem	
	In-Network	Out-of-Network
<b>Deductible – Individual / Family</b>	\$50 / \$150	\$50 / \$150
<b>Preventive Care</b>	100%	100%
<b>Basic Services</b>	80%	80%
<b>Major Services</b>	50%	50%
<b>Endo Covered Under</b>	Basic	Basic
<b>Perio Covered Under</b>	Basic	Basic
<b>Annual Maximum</b>	\$1,000	\$1,000
<b>Network</b>	Anthem Dental Complete	

EMPLOYEE COST – BI-WEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
<b>Dental Plan</b>	\$10.32	\$19.49	\$20.52	\$29.73

## HOW TO FIND A PROVIDER

1. Visit [www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision)
2. Click on “Find Dental or Vision Providers” (click dental to search for vision providers too)
3. Click on “Anthem Dental Complete” to find a Dentist. If you are looking for a Vision provider select “Blue View Vision”
4. Select a Specialty (if needed)
5. Enter your Criteria for the provider search and click on “Search”



## VISION

Your vision insurance will be offered through Anthem as of February 1, 2019. Below is a high-level comparison of in-network benefits. Dependent children are eligible for benefits up to age 21 or to age 25 if a full-time student.

Please refer to the back of this booklet for more details including the Benefit Summary.

	Anthem
Services	
Eye Exam Copay	\$20 Copay
Materials Copay	\$20 Copay
Exam Frequency	12 months
Lenses Frequency	12 months
Frames Frequency	24 months
Frames Max. Allowance - Retail	\$130
Contact Lenses Max Allowance - Retail	\$130
Network	Blue View Vision

EMPLOYEE COST –BI- WEEKLY DEDUCTIONS			
	Employee Only	Employee & One	Employee & Family
Vision Plan	\$3.77	\$7.16	\$10.98

## HOW TO FIND A PROVIDER

1. Visit [www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision)
2. Click on “Find Dental or Vision Providers” (click dental to search for vision providers too)
3. Click on “Anthem Dental Complete” to find a Dentist. If you are looking for a Vision provider select “Blue View Vision”
4. Select “Commercial” from the Type of Coverage drop down
5. Enter your Criteria for the provider search and click on “Search”



## GROUP SHORT TERM DISABILITY

Your short-term disability insurance will be offered through One America as of February 1, 2019. Schmidt Family Restaurant Group pays the full cost of this benefit for you. In the event you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Please refer to the back of this booklet for more details including the Benefit Summary.

	Short-term Disability
<b>Who is Eligible</b>	Assistant Managers and Above/ Administration & Maintenance
<b>Benefits Begin</b>	Accident: on the 15 <sup>th</sup> day Illness: on the 15 <sup>th</sup> day
<b>Benefit Period</b>	11 Weeks
<b>Percentage of Income Replaced</b>	60% of your weekly salary
<b>Maximum Benefit</b>	\$750 weekly
<b>Cost</b>	100% paid by SFRG

## Contact Information

Refer to this list when you have questions about your Employee Benefits



1-888-290-9164 Medical Insurance  
[www.anthem.com](http://www.anthem.com)



1-855-769-1464 Dental Insurance  
[www.anthem.com](http://www.anthem.com)



1-866-723-0515 Vision Insurance  
[www.anthem.com](http://www.anthem.com)



1-800-553-5318 Short Term Disability Insurance  
[www.oneamerica.com](http://www.oneamerica.com)



Wendy McLean,  
Senior Account Executive 502-814-0652  
[wmclean@bblouisville.com](mailto:wmclean@bblouisville.com)

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*

# Reward yourself

*for taking care of your health*

Your health plan gives you access to health and wellness programs that don't cost you anything extra. From online resources at **anthem.com** to personal attention from nurses, these programs can help you make better health care decisions. Of course, better health is your greatest reward, but extra incentives can help, too.

Take advantage of these programs to help you and your family take care of your health:

## Online Wellness Toolkit

Getting healthier can get easier — with a little help from the Online Wellness Toolkit. Sign up and take a private Health Assessment to find out what's going on with your health. The results can help you set goals and show you areas to focus on and actions you can take to improve your health.

## ConditionCare

With ConditionCare, you can get help managing diabetes, asthma, heart disease or chronic obstructive pulmonary disease (COPD). A nurse coach offers expert advice and support so you can follow your doctor's care plan and learn how to take care of your health.

## Future Moms

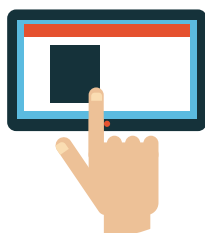
Future Moms is a maternity program that offers resources to help you have a healthy pregnancy and a healthy baby. Call a toll-free number 24/7 to talk to a nurse coach about pregnancy topics. Get prenatal goodies, including a book about pregnancy and weekly tracking tools.

### Rewards are waiting for you

- Sign up and use the Online Wellness Toolkit — up to \$150
- Enroll in ConditionCare — \$100
- Graduate from ConditionCare — \$200
- Complete the Future Moms program — up to \$200



Program name	How to sign up	How to earn rewards
Online Wellness Toolkit	Log in at <a href="https://www.anthem.com">anthem.com</a> .	<ol style="list-style-type: none"> <li>1. Complete your health assessment by answering questions and reporting your biometric results like blood pressure, weight and cholesterol. You get points after doing this.</li> <li>2. You can also collect points by setting and completing health goals using the Health Assistant, signing up for challenges and connecting fitness devices.</li> <li>3. You'll receive a \$50 reward (gift card) when you reach the 100-, 200- and 300-point milestones. Each time you redeem a reward, your point value will reset to zero.</li> </ol>
ConditionCare	Call the number on your ID card.	<ol style="list-style-type: none"> <li>1. Enroll in ConditionCare. <b>Reward:</b> \$100 gift card</li> <li>2. Graduate from ConditionCare. <b>Reward:</b> \$200 gift card</li> </ol>
Future Moms	Call the number on your ID card.	<ol style="list-style-type: none"> <li>1. Enroll and get assessment no later than 183 days before the baby's birth. <b>Reward:</b> \$100 gift card</li> <li>2. Complete second assessment between 1 to 97 days before the baby's birth. <b>Reward:</b> \$50 gift card</li> <li>3. Complete postpartum assessment no later than 56 days after the baby's birth. <b>Reward:</b> \$50 gift card</li> </ol>



### Check your activities and rewards

1. Log in at [anthem.com](https://www.anthem.com) and go to *Health and Wellness*.
2. Select **Get my rewards**. You can check available activities and your reward status. Any rewards earned will automatically appear on the rewards site.

### How to get your rewards

Once you've earned a reward, you'll get information in the mail with instructions on how to redeem for a gift card.



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, <https://eoc.anthem.com/eocdps/f>. 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.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (833) 639-1634 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$5,000</b> /single or <b>\$10,000</b> /family for <a href="#">Network Providers</a> . <b>\$7,500</b> /single or <b>\$15,000</b> /family for Non- <a href="#">Network Providers</a> .	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> ?	Yes. <a href="#">Preventive care</a> for <a href="#">Network Providers</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 preventive services without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered preventive services 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> ?	<b>\$6,000</b> /single or <b>\$12,000</b> /family for <a href="#">Network Providers</a> . <b>\$15,000</b> /single or <b>\$30,000</b> /family for Non- <a href="#">Network Providers</a> .	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> ?	Non- <a href="#">Network</a> Transplant Services, <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, Lumenos. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833) 639-1634 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 out-of- <a href="#">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 <a href="#">network provider</a> might use an out-of- <a href="#">network provider</a>

		for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	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
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Preventive care/screening/immunization</a>	No charge	50% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacy/information/">http://www.anthem.com/pharmacy/information/</a>	Imaging (CT/PET scans, MRIs)	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Tier 1 - Typically Generic	\$110/prescription (retail) and \$25/prescription (home delivery)	\$60/prescription or 50% <a href="#">coinsurance</a> , whichever is greater (retail)	*See Prescription Drug section
	Tier 2 - Typically <a href="#">Preferred</a> / Brand	\$35/prescription (retail) and \$87/prescription (home delivery)	\$60/prescription or 50% <a href="#">coinsurance</a> , whichever is greater (retail)	
	Tier 3 - Typically Non-Preferred / <a href="#">Specialty Drugs</a>	\$60/prescription (retail) and \$150/prescription (home delivery)	\$60/prescription or 50% <a href="#">coinsurance</a> , whichever is greater (retail)	
	Not Applicable	Not covered	Not covered	
Essential	Facility fee (e.g., ambulatory surgery center)	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
If you have outpatient surgery	<a href="#">Emergency room care</a>	25% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
If you need immediate medical attention	<a href="#">Emergency medical transportation</a>	25% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
	<a href="#">Urgent care</a>	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room) Physician/surgeon fees	25% <a href="#">coinsurance</a> 25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a> 50% <a href="#">coinsurance</a>	-----none----- -----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 25% <a href="#">coinsurance</a> Other Outpatient 25% <a href="#">coinsurance</a>	Office Visit 50% <a href="#">coinsurance</a> Other Outpatient 50% <a href="#">coinsurance</a>	Office Visit -----none----- Other Outpatient -----none-----
	Inpatient services	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
If you are pregnant	Office visits	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	Home health care	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	100 visits/benefit period.
	<a href="#">Rehabilitation services</a>	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	*See Therapy Services section
	<a href="#">Habilitation services</a>	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	100 days limit/benefit period.
	<a href="#">Durable medical equipment</a>	50% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	*See <a href="#">Durable Medical Equipment</a> Section
If your child needs dental or eye care	<a href="#">Hospice services</a>	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Children's eye exam	25% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

**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](#).)**

<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Dental care (adult)</li><li>• Hearing aids</li><li>• Routine eye care (adult)</li><li>• Weight loss programs</li></ul>	<ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Dental Check-up</li><li>• Infertility treatment</li><li>• Routine foot care unless you have been diagnosed with diabetes.</li></ul>	<ul style="list-style-type: none"><li>• Cosmetic surgery</li><li>• Glasses for a child</li><li>• Long-term care</li><li>• Tier 4 - Typically <a href="#">Specialty</a> (brand and generic)</li></ul>
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**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- |                                                                                               |                                                                                                                                                                            |                                                                                                  |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Chiropractic care 20 visits/benefit period.</li></ul> | <ul style="list-style-type: none"><li>• Most coverage provided outside the United States. See <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a></li></ul> | <ul style="list-style-type: none"><li>• Private-duty nursing 82 visits/benefit period.</li></ul> |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

**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: Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673. Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [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:

ATTN: [Grievances](#) and [Appeals](#), P.O. Box 105568, Atlanta GA 30348-5568

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673

**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? 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](#).

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

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.



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 plan's overall <a href="#">deductible</a>	\$5,000
■ <a href="#">Specialist coinsurance</a>	25%
■ Hospital (facility) <a href="#">coinsurance</a>	25%
■ Other <a href="#">coinsurance</a>	25%

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	\$12,800
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In this example, Peg would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$2,900
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$3,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$6,060

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <a href="#">deductible</a>	\$5,000
■ <a href="#">Specialist coinsurance</a>	25%
■ Hospital (facility) <a href="#">coinsurance</a>	25%
■ Other <a href="#">coinsurance</a>	25%

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:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$4,300
<a href="#">Copayments</a>	\$1,500
<a href="#">Coinsurance</a>	\$300
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$6,160

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

■ The plan's overall <a href="#">deductible</a>	\$5,000
■ <a href="#">Specialist coinsurance</a>	25%
■ Hospital (facility) <a href="#">coinsurance</a>	25%
■ Other <a href="#">coinsurance</a>	25%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*cutches*)  
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$1,400
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# Language Access Services:

(TTY/TDD: 711)

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merreni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontraktuar me një përkthyes, telefononi (833) 639-1634

**Amharic (አማርኛ):-** ስለዚህ ስነ ምግኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። እስተርጓሚ ለማናገር (833) 639-1634 ይደውሉ።

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فحق لك الحصول على المساعدة والمعلومات بلغتك. للتحدث إلى مترجم، اتصل على (833) 639-1634.

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 639-1634:

**Bassa (Bàsà wùdù):** M' d'yi d'yi-diè-dé b'é b'éqé b'á céé-dé nià ke d'yi ní, ɔ m'ò ni d'yi-b'éqéin-dé b'é m' ké g'bo-kpá-kpá kè b'ɔ kp'ɔ d'é m' biqí-wùdùùn bó pídyi. B'é m' ké wuqu-zìin-nyò d'ò g'bo wùdù ke, d'á (833) 639-1634.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (833) 639-1634 –(তৈ কল করুন।

**Burmese (မြန်မာ):** ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန် (833) 639-1634 သို့ ဖော်ဆိုပါ။

**Chinese (中文) :** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (833) 639-1634。

**Dinka (Dinka):** Na noŋ thiëc në ke de yä thoŋ, ke yin noŋ loŋ b'é yi kuony ku wer aleu b'é geer yic yin ne thoŋ du ke cin wëu tääwë ke piny. Te kor yin ba jam wënë ran ye thok ger yic, ke yin col (833) 639-1634.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (833) 639-1634.

**Farsi (فارسی):** در صورتی که سوالی بپیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 639-1634 تماس بگیرید.

**French (Français) :** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 639-1634.

## Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (833) 639-1634.

**Greek (Ελληνικά):** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στα γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (833) 639-1634.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (833) 639-1634.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nespòl kesyon sou dokiman sa a, ou gen dwa pou jwenn ed ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprete, rele (833) 639-1634.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है।  
**दुभाषिये से बात करने के लिए, कौन करें (833) 639-1634 ।**

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai rau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus ngi. Txhawm rau tham ntrog tus neeg txhais lus, hu xov tooj rau (833) 639-1634.

**Igbo (Igbo):** O bur u na i nwere ajụjụ o bula gbasara akwụkwọ a, i nwere ikike inweta enyemaka na ozi n'asụsụ gị na akwụgụhi ugwo o bula. Ka gị na okwowa okwu kwuo okwu, kpọọ (833) 639-1634.

**Ilokano (Ilokano):** Nlu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbenggam a makala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (833) 639-1634.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (833) 639-1634.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 639-1634

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 639-1634 にお電話ください。

## Language Access Services:

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសាសំអ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីជ្រើសរើសភាសាអ្នកបកប្រែ សូមហៅ (833) 639-1634 ។

**Kirundi (Kirundi):** Ugiye ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishye umusemuzi, akura (833) 639-1634.

**Korean (한국어):** 본 문서에 대해 어떠한 문의 사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기 하려면 (833) 639-1634 로 문의하십시오.

**Lao (ລາວ):** ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໄດ້ວິພາກວ່າມາດຕະການ, ໃຫ້ໃບທາ (833) 639-1634.

**Navajo (Diné):** Dił naaltsos biká'ígíí haḡo bina'idíłkídgó ná bohóneézdą́ dóó bée ahóót'i' t'áá ni nizaad k'ehj' bée níl hodoonih t'áadóo bááh ilínígóó.  
A'ta' ha'ne'ígíí ha' bich'i' ha'deesdzih nínízingo ko'j' hodiłniih (833) 639-1634.

**Nepali (नेपाली):** यदि यो कानाजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभावेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (833) 639-1634

**Oromo (Oromiffaa):** Sanadi kanaa wajjin walqababate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffalii alla argachuuf mirgaa qabdaa. Turjumanaa dubachuuf, (833) 639-1634 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (833) 639-1634 aa.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (833) 639-1634.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (833) 639-1634.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 639-1634      ਤੇ ਕਾਲ ਕਰੋ।







## Language Access Services:

### It's important we treat you fairly


That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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, <https://eoc.anthem.com/eocdps/fi>. 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.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (833) 639-1634 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$3,000</b> /single or <b>\$6,000</b> /family for <a href="#">Network Providers</a> . <b>\$7,500</b> /single or <b>\$15,000</b> /family for Non- <a href="#">Network Providers</a> .	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> ?	Yes. <a href="#">Preventive care</a> for <a href="#">Network Providers</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 preventive services without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered preventive services 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> ?	<b>\$5,000</b> /single or <b>\$10,000</b> /family for <a href="#">Network Providers</a> . <b>\$15,000</b> /single or <b>\$30,000</b> /family for Non- <a href="#">Network Providers</a> .	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> ?	Non- <a href="#">Network</a> Transplant Services, <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, Lumenos. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833) 639-1634 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 out-of- <a href="#">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 <a href="#">network provider</a> might use an out-of- <a href="#">network provider</a>

		for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	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
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	\$25/visit	50% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit	\$50/visit	50% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Preventive care/screening/immunization</a>	No charge	50% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	50% <a href="#">coinsurance</a>	-----none-----
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacy/information/">http://www.anthem.com/pharmacy/information/</a>	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Tier 1 - Typically Generic	\$10/prescription (retail) and \$25/prescription (home delivery)	\$60/prescription or 50% <a href="#">coinsurance</a> , whichever is greater (retail)	*See Prescription Drug section
	Tier 2 - Typically <a href="#">Preferred</a> / Brand	\$35/prescription (retail) and \$87/prescription (home delivery)	\$60/prescription or 50% <a href="#">coinsurance</a> , whichever is greater (retail)	
	Tier 3 - Typically Non-Preferred / <a href="#">Specialty Drugs</a>	\$60/prescription (retail) and \$150/prescription (home delivery)	\$60/prescription or 50% <a href="#">coinsurance</a> , whichever is greater (retail)	
Essential	Not Applicable	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$250/visit	Covered as In- <a href="#">Network</a>	Copay waived if admitted.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
	<a href="#">Urgent care</a>	\$75/visit	50% <a href="#">coinsurance</a>	-----none-----

\*For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$25/visit Other Outpatient 0% <a href="#">coinsurance</a>	Office Visit 50% <a href="#">coinsurance</a> Other Outpatient 50% <a href="#">coinsurance</a>	Office Visit -----none----- Other Outpatient -----none-----
	Inpatient services	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
If you are pregnant	Office visits	\$25/visit	50% <a href="#">coinsurance</a>	Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	100 visits/benefit period.
	<a href="#">Rehabilitation services</a>	\$50/visit	50% <a href="#">coinsurance</a>	*See Therapy Services section
	<a href="#">Habilitation services</a>	\$50/visit	50% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	100 days limit/benefit period.
	<a href="#">Durable medical equipment</a>	50% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	*See <a href="#">Durable Medical Equipment</a> Section
If your child needs dental or eye care	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	-----none-----
	Children's eye exam	\$50/visit	50% <a href="#">coinsurance</a>	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

\*For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

**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.)**

- |                                                                                                                                                                                      |                                                                                                                                                                                                         |                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Dental care (adult)</li><li>• Hearing aids</li><li>• Routine eye care (adult)</li><li>• Weight loss programs</li></ul> | <ul style="list-style-type: none"><li>• Bariatric surgery</li><li>• Dental Check-up</li><li>• Infertility treatment</li><li>• Routine foot care unless you have been diagnosed with diabetes.</li></ul> | <ul style="list-style-type: none"><li>• Cosmetic surgery</li><li>• Glasses for a child</li><li>• Long- term care</li><li>• Tier 4 - Typically <u>Specialty</u> (brand and generic)</li></ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

- |                                                                                               |                                                                                                                                                                            |                                                                                                  |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Chiropractic care 20 visits/benefit period.</li></ul> | <ul style="list-style-type: none"><li>• Most coverage provided outside the United States. See <a href="http://www.bcbsglobalcare.com">www.bcbsglobalcare.com</a></li></ul> | <ul style="list-style-type: none"><li>• Private-duty nursing 82 visits/benefit period.</li></ul> |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

**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: Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673.

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [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:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673

**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? 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.

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

\* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/fi>.



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>	\$3,000
■ <a href="#">Specialist copayment</a>	\$50
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%

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	\$12,800
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In this example, Peg would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$3,000
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,260

**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>	\$3,000
■ <a href="#">Specialist copayment</a>	\$50
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%

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:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$2,200
<a href="#">Copayments</a>	\$2,800
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$5,060

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$3,000
■ <a href="#">Specialist copayment</a>	\$50
■ Hospital (facility) <a href="#">coinsurance</a>	0%
■ Other <a href="#">coinsurance</a>	0%

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	\$1,900
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In this example, Mia would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$1,000
<a href="#">Copayments</a>	\$1,100
<a href="#">Coinsurance</a>	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,140

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Language Access Services:

(TTY / TDD: 711)

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merreni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontraktuar me një përkthyes, telefononi (833) 639-1634

**Amharic (አማርኛ):- ስለዚህ ስነ ምግኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። እስተርጓሚ ለማናገር (833) 639-1634 ይደውሉ።**

**Arabic (العربية):** إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغة أمك. (833) 639-1634 اتصل على

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 639-1634:

**Bassa (Bàsà wùdù):** M'nyi d'yi-diè-dé b'é b'éqé b'á c'éé-dé nià ke d'yi ní, ɔ m'ò nì d'yi-b'éqéìn-dé b'é m' ké g'bo-kpá-kpá kè b'ɔ kp'ɔ d'é m' b'idi-wùdùùn bó pídyi. Bé m' ké wuɖu-zìin-nyò d'ò g'bo wùdù ke, d'á (833) 639-1634.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (833) 639-1634 - (ভ কল করুন।

**Burmese (မြန်မာ):** ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဇန်နဝါရီ (833) 639-1634 သို့ ခေါ်ဆိုပါ။

**Chinese (中文) :** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (833) 639-1634。

**Dinka (Dinka):** Na nong thiēc nē ke de yā thore, ke yin nong loŋ bē yi kuony ku wer alēu bē geer yic yin ne thog du ke cin wēu tāāuē ke piny. Te kor yin ba jam wēnē ran ye thok geeyic, ke yin col (833) 639-1634.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (833) 639-1634.

**Farsi (فارسی):** در صورتی که سؤالی بهیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره تماس (833) 639-1634

**French (Français) :** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 639-1634.

## Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (833) 639-1634.

**Greek (Ελληνικά)** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στα γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (833) 639-1634.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (833) 639-1634.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nempòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprete, rele (833) 639-1634.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है।  
**दुभाषिये से बात करने के लिए, कौन करें (833) 639-1634 ।**

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai rau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus ngi. Txhawm rau tham ntrog tus neeg txhais lus, hu xov tooj rau (833) 639-1634.

**Igbo (Igbo):** O bur u na i nwere ajụjụ o bula gbasara akwụkwọ a, i nwere ikike inweta enyemaka na ozi n'asụsụ gị na akwụgụhi ugwo o bula. Ka gị na okwowa okwu kwuo okwu, kpọọ (833) 639-1634.

**Ilokano (Ilokano):** Nlu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbenggam a makala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (833) 639-1634.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (833) 639-1634.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 639-1634

**Japanese (日本語):** この文書についてなにか不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 639-1634 にお電話ください。

## Language Access Services:

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសាសំអ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីជ្រើសរើសភាសាអ្នកបកប្រែ សូមហៅ (833) 639-1634 ។

**Kirundi (Kirundi):** Uguze ikibazo icyo arico cose kuri iyi nyandiko, ufise uburunganzira bwo kuronka ubufasha mu rurimi rwawe ata guciro. Kugira uvugishe umusemuzi, akura (833) 639-1634.

**Korean (한국어):** 본 문서에 대해 어떠한 문의 사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (833) 639-1634 로 문의하십시오.

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໃດໆບໍ່ເສຍຄ່າ.  
ເພື່ອໄດ້ຮັບກັບລາມເປັນພາສາ, ໃຫ້ໃບຫາ (833) 639-1634.

**Navajo (Diné):** Dił naaltsos biká ígúí łahgo bina'idilkígíí ná bhoónéédzą dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nił hodoonih t'áadóo bąąh ilinígóó.  
Ata' halne'ígúí łá' bich'í' hadesdzih nínízingo koj' hodiłinih (833) 639-1634.

**Nepali (नेपाली):** यदि यो कानाजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (833) 639-1634

**Oromo (Oromifaa):** Sanadi kanaa wajjin walqabate grafi kaniiyu yoo qabduu tanaan, Gargarsa argachuu fi odeeffanoo afaan ketiin kaffalii alla argachuuf miirgaa qabdaa. Turjumanaa dubachuuf, (833) 639-1634 bilbilaa.

**Pennsylvania Dutch (Deitsch):** Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (833) 639-1634 aa.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (833) 639-1634.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (833) 639-1634.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 639-1634      ਤੇ ਕਾਲ ਕਰੋ।







## Language Access Services:

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

### Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

### Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to [anthem.com](http://anthem.com) or call dental customer service at the number listed on the back of your ID card.

### Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

### Need to contact us?

See the back of your ID card for who to call, write or email.

### Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
<b>Annual Benefit Maximum</b>	Calendar Year		
• Per insured person		<b>\$1,000</b>	<b>\$1,000</b>
<b>D&amp;P applies to Annual Maximum</b>		<b>Yes</b>	<b>Yes</b>
<b>Annual Maximum Carryover / Carry in</b>		<b>No/No</b>	<b>No/No</b>
<b>Orthodontic Lifetime Benefit Maximum</b>			
• Per eligible insured person		<b>N/A</b>	<b>N/A</b>
<b>Annual Deductible</b>			
• Per insured person/Family maximum	Calendar Year	<b>\$50/3X Individual</b>	<b>\$50/3X Individual</b>
<b>Deductible Waived for Diagnostic/Preventive Services</b>		<b>Yes</b>	<b>Yes</b>
<b>Out-of-Network Reimbursement:</b>		<b>90th percentile</b>	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic oral exam 2 per 12 months</li> <li>Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance</li> <li>Bitewing X-rays: 1 set per 12 months</li> <li>Full-mouth or Panoramic X-rays: 1 per 60 months</li> <li>Fluoride application: 1 per 12 months; through age 14</li> </ul>	100% Coinsurance	100% Coinsurance	No Waiting Period
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion) 1 per 12 months</li> <li>Space Maintainer 1 per lifetime through age 18; posterior teeth</li> <li>Amalgam (silver-colored) Filling 1 per tooth per 24 months</li> <li>Composite (tooth-colored) Filling 1 per tooth per 24 months</li> <li>posterior (back) fillings alternated to amalgam benefit (silver-colored filling)</li> <li>Brush Biopsy (cancer test) Not Covered</li> <li>Sealants 1 per 60 months; through age 14</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal and retreatments 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apexification 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal Maintenance 4 per 12 months; w/teeth cleaning</li> <li>Scaling and root planing 1 per quadrant per 24 months</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Periodontics (Surgical)</b> 1 per quadrant per 36 months <ul style="list-style-type: none"> <li>Periodontal Surgery (osseous, gingivectomy, graft procedures)</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple Extractions 1 per tooth per lifetime</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical Extractions 1 per tooth per lifetime</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Major (Restorative) Services &amp; Prosthodontics</b> <ul style="list-style-type: none"> <li>Crowns, veneers, dentures, and bridges 1 per tooth per 96 months</li> <li>Dental implants Not Covered</li> <li>Cosmetic teeth whitening Not Covered</li> </ul>	50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontic Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, bridge repairs 1 per 12 months; 6 months after placement</li> <li>Denture and bridge adjustments: 2 per 12 months; 6 months after placement</li> </ul>	80% Coinsurance	80% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>None</li> </ul>	Not Covered	Not Covered	N/A

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

## Additional Services and Programs

### Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

### Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

### Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

### International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

## Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

**Services provided before or after the term of this coverage** - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics** (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

**Cosmetic dentistry** (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

**Analgesia, analgesic agents, and anxiolysis nitrous oxide**, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Extractions** of third molars (wisdom teeth) that do not exhibit pathology symptoms or impact the oral health of the member

**Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

Effective 02/01/2019

**Welcome to your Blue View Vision plan!**

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at [anthem.com](http://anthem.com), or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

**Out-of-Network** – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$0 copay	Up to \$42 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every two calendar years
Eyeglass Lenses ( <i>instead of contact lenses</i> )			
One pair of standard plastic prescription lenses: <ul style="list-style-type: none"><li>Single vision lenses</li><li>Bifocal lenses</li><li>Trifocal lenses</li></ul>	\$20 copay \$20 copay \$20 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance	Once every calendar year
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"><li>Transitions Lenses (for a child under age 19)</li><li>Standard polycarbonate (for a child under age 19)</li><li>Factory scratch coating</li></ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses ( <i>instead of eyeglass lenses</i> )			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"><li>Elective conventional (non-disposable)</li></ul> OR <ul style="list-style-type: none"><li>Elective disposable</li></ul> OR <ul style="list-style-type: none"><li>Non-elective (medically necessary)</li></ul>	\$130 allowance, then 15% off any remaining balance  \$130 allowance ( <i>no additional discount</i> )  Covered in full	Up to \$105 allowance  Up to \$105 allowance  Up to \$210 allowance	Once every calendar year

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

**EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)**

**Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

**Not Specifically Listed.** Services not specifically listed in this plan as covered services.

**Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

**Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

**Orthoptics.** Orthoptics or vision training and any associated supplemental testing.



OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• <b>Transitions</b> lenses (Adults) \$75</li> <li>• Standard Polycarbonate (Adults) \$40</li> <li>• Tint (Solid and Gradient) \$15</li> <li>• UV Coating \$15</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$65</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> </ul> </li> <li>• Other Add-ons 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup></li> <li>• Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only</li> </ul>	15% off retail price

<sup>1</sup> Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the available coating brands by tier.

<sup>3</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

**GLASSES.COM**

**contactsdirect**



**OPTICAL**



**JCPenney | optical**

#### ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM \*

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

\* Discounts cannot be used in conjunction with your covered benefits.

#### OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

**To Fax:** 866-293-7373  
**To Email:** oonclaims@eyewearspecialoffers.com  
**To Mail:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

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**Schmidt Family Restaurant**  
**Short Term Disability Benefit Summary**  
**Class 1 - All Full Time Eligible Mgmt & Admin Employees**

<b>Full-time Employee Requirement</b>	An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.
<b>Weekly Benefit Amount</b>	60% of an Employee's Covered Weekly Earnings to a maximum benefit of \$750, then reduced by Other Income Benefits as outlined in the certificate. The minimum weekly benefit is \$25
<b>Definition of Earnings</b>	Basic weekly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.
<b>Elimination Period</b>	14 days for injury or 14 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.
<b>Maximum Benefit Duration</b>	11 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.
<b>Integration</b>	Non-Occupational. This means any disability resulting from injury or sickness due to employment is not covered.
<b>Maternity</b>	Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.
<b>Total Disability</b>	An insured is considered Totally Disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness.
<b>Partial Disability</b>	If an Insured, while unable to perform every material and substantial duty of his regular occupation on a full-time basis, because of injury or sickness, is performing at least one of the material and substantial duties of his regular occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his indexed pre-disability earnings due to the same injury or sickness, a partial disability benefit may be paid.

<b>Residual Disability</b>	The Residual Benefit allows the elimination period to be met using total disability, partial disability or a combination of both.
<b>Pre-Existing Condition Exclusions</b>	There is no pre-existing condition exclusion.
<b>Continuation of Coverage During:</b>	FMLA Temporary Lay Off or LOA LOA for Military Service
<b>Exclusions</b>	This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

## **Important Notice from Schmidt Family Restaurant Group About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Schmidt Family Restaurant Group and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Schmidt Family Restaurant Group has determined that the prescription drug coverage offered by Anthem is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Schmidt Family Restaurant Group coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Schmidt Family Restaurant Group coverage, be aware that you and your dependents may not be able to get this coverage back.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Schmidt Family Restaurant Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information or call at 740.353.0990. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Schmidt Family Restaurant Group changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).



**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	2/1/2019
Name of Entity/Sender:	Schmidt Family Restaurant Group

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

OMB 0938-0990

Contact--Position/Office: Suarra Sparks  
Address: 1735 Waller Street, Portsmouth, OH 45662  
Phone Number: 740.353.0990

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# **HIPAA NOTICE OF PRIVACY PRACTICES**

## **Schmidt Family Restaurant Group**

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR PLAN SPONSOR CAN USE OR DISCLOSE YOUR MEDICAL INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) place important restrictions on sharing your medical information and provide you with important privacy rights. This Notice of Privacy Practices (the “Notice”) is effective September 20, 2013. It describes the legal obligations of the Plan Sponsor and your legal rights regarding your “protected health information” (“PHI”) held by your Plan Sponsor and Group Health Plan. This Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or other purposes permitted by law.

Generally, PHI includes your personal information collected from you or created by your Group Health Plan, or the Plan Sponsor on behalf of a Group Health Plan, that relates to your past, present, or future physical or mental health or condition; the provision of health care; or the past, present, or future payment for the provision of health care. If you have any questions about this Notice or about our privacy practices, please contact your Human Resources Department identified below.

The Plan Sponsor may retain agents, service providers and third party administrators to administer all or part of your Group Health Plan such as claims payment and enrollment management. The term Plan Sponsor as used in this Notice includes all entities that provide services related to your Group Health Plan that have access to your PHI.

The Plan Sponsor is required by law to maintain the privacy of your PHI, provide you with certain rights with respect to your PHI, provide you with a copy of this Notice, and follow the terms of this Notice. The Plan Sponsor reserves the right to change the terms of this Notice and its practices regarding your PHI. If there is any material change to this Notice, the Plan Sponsor will provide you with a copy of the revised Notice of Privacy Practices.

### **Use and Disclosure**

The Plan Sponsor may use or disclose your PHI under certain circumstances without your permission. All of these certain circumstances will fall within one of the categories listed below.

- **For Treatment**, to facilitate medical treatment or services by providers including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

- **For Payment** to determine your eligibility for Plan benefits, to facilitate payment for the treatment or services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.
- **For Health Care Operations**, uses and disclosures necessary to run the Plan.
- **Treatment Alternatives or Health-Related Benefits and Services** that might be of interest to you.
- **To Business Associates** to perform various functions on our behalf or to provide certain types of services. A Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with the Plan Sponsor to implement appropriate safeguards regarding your PHI.
- **As Required by Law** when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** to you, or the health and safety of the public, or another person, limited to someone able to help prevent the threat.

In addition, the following categories describe other ways that the Plan Sponsor may use and disclose your PHI without your specific authorization. All of the ways the Plan Sponsor is permitted to use and disclose information will fall within one of the categories.

- **Organ and Tissue Donation**, after your death to an organization that handles organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military**, if you are a member of the armed forces, as required by military command authorities. The Plan Sponsor may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation** or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks** for public health activities. These activities generally include the following:
  - to prevent or control disease, injury, or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if the Plan Sponsor believes that a patient has been the victim of abuse, neglect, or domestic violence. The Plan Sponsor will only make this disclosure if you agree, or when required or authorized by law.
- **Health Oversight Activities** for activities authorized by law. For example, audits, investigations, inspections, and licensure.

- **Lawsuits and Disputes** in response to a court or administrative order, including a response to a lawful subpoena, discovery request, or other process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.
- **Law Enforcement** if asked to do so by a law-enforcement official—
  - in response to a court order, subpoena, warrant, summons, or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, the Plan Sponsor is unable to obtain the victim's agreement;
  - about a death that the Plan Sponsor believes may be the result of criminal conduct; and
  - about criminal conduct.
- **Coroners, Medical Examiners, and Funeral Directors**, for example, to identify a deceased person or determine the cause of death. The Plan Sponsor may also release medical information about patients to funeral directors, as necessary to carry out their duties.
- **National Security and Intelligence Activities** to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates** of a correctional institution or in the custody of a law-enforcement official, to the correctional institution or law-enforcement official if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- **Research**, to researchers when the individual identifiers have been removed; or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

The Plan Sponsor is required to disclose your PHI to:

- **Government Audits** to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **Disclosures to You** on your request, the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

## Other Disclosures

The Plan Sponsor may disclose your PHI to:

- **Personal Representatives** authorized by you, or to an individual designated as your personal representative, or attorney-in-fact. You must provide a written notice/authorization and supporting documents such as a power of attorney. The Plan Sponsor does not have to disclose information to a personal representative if the Plan Sponsor has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or treating such person as your personal representative could endanger you; or in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.



- **Spouses and Other Family Members** relating to the employee's spouse and other family members who are covered under the Plan, and includes information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under “Your Rights”), and if the Plan Sponsor has agreed to the request, the Plan Sponsor will send mail as provided by the request for Restrictions or Confidential Communications.
- **Comply with your Authorization.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. The Plan Sponsor may deny a request to disclose your psychiatric notes. The Plan Sponsor will not use or disclose your PHI for marketing; or sell your PHI, unless you provide written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Plan Sponsor receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## Privacy Rights

- **Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, the Plan Sponsor will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan Sponsor will work with you to come to an agreement on form and format or provide you with a paper copy. To inspect and copy your PHI, you must submit your request in writing to the Human Resources Department identified below. The Plan Sponsor may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. The Plan Sponsor may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Human Resources Department identified below.
- **Right to Amend.** If you feel that your PHI is incorrect or incomplete, you may ask the Plan Sponsor to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Human Resources Department identified below. In addition, you must provide a reason that supports your request. The Plan Sponsor may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan Sponsor may deny your request if it:
  - is not part of the medical information kept by or for the Plan;
  - was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the information that you would be permitted to inspect and copy; or
  - is already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement with the Plan Sponsor and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Human Resources Department identified below. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan Sponsor may charge you for the costs of providing the list. The Plan Sponsor will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions or Limitation on your PHI** that the Plan Sponsor uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. Except as provided in the next paragraph, the Plan Sponsor is not required to agree to your request. However, the Plan Sponsor will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must make your request in writing to the Human Resources Department identified below. In your request, you must state (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse. If the Plan Sponsor honors the request, it will stay in place until you revoke it or the Plan Sponsor notifies you.
- **Right to Request Confidential Communications** about medical matters in a certain way or at a certain location. For example, you can ask that the Plan Sponsor only contact you at work or by mail. Your request must be made in writing to the Human Resources Department identified below and specify how or where you wish to be contacted. The Plan Sponsor will accommodate all reasonable requests.
- **Right to Be Notified of a Breach** in the event that the Plan Sponsor (or a Business Associate) discovers a breach of unsecured PHI.
- **Right to a Paper Copy of This Notice.** You may request a paper copy of this notice at any time from the Human Resources Department identified below, even if you have agreed to receive this notice electronically

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact:

Suarra Sparks  
Schmidt Family Restaurant Group  
1735 Waller Street  
Portsmouth, OH 45662

All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

## **HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Employer Representative.

## **NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)**

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Employer Representative for more information.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits, under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductible and co-insurance particulars that are applicable to other medical and surgical benefits provided under this Plan. Plastikon has provided the detailed information regarding deductible and co-insurance for the Plastikon Health Plan. For more information or to get a copy of the Summary Plan Description containing these details contact your Employer Representative.



## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.