



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.kbasolution.com](http://www.kbasolution.com) or by calling 1-877-851-0906.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <b>deductibles</b> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <b>out-of-pocket</b> limit on my expenses?	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services
What is not included in the <b>out-of-pocket</b> limit?	This plan has no <b>out-of-pocket</b> limit.	Not applicable because there's no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a <b>network</b> of <b>providers</b> ?	Yes. For a list of <b>providers</b> , see <a href="http://www.multiplan.com">www.multiplan.com</a> or call 800-546-3887.	If you use a preferred network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your preferred network doctor or hospital may use an alternate network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a <b>specialist</b> ?	No. You don't need a referral to see a <b>specialist</b> .	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not covered	Not covered	-none-
	Specialist visit	Not covered	Not covered	-none-
	Other practitioner office visit	Not covered	Not covered	-none-
	Preventive care/ screening /immunization	No charge	60% co-insurance	Services are limited to those mandated by the Patient Protection Affordable Care Act.
If you have a test	Diagnostic test (x-ray, blood work)	Not covered	Not covered	-none-
	Imaging (CT/PET scans, MRIs)	Not covered	Not covered	-none-
If you need drugs to treat your illness or	Generic drugs	Not covered	Not covered	-none-
	Preferred brand drugs	Not covered	Not covered	-none-

Questions: Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.

<b>Common Medical Event</b>	<b>Services You May Need</b>	<b>Your Cost If You Use a Network Provider</b>	<b>Your Cost If You Use an Out-of-Network Provider</b>	<b>Limitations &amp; Exceptions</b>
<b>condition</b>  <b>More information about prescription drug coverage is available at <a href="http://www.4Dpharmacy.com">www.4Dpharmacy.com</a></b>	Non-preferred brand drugs	Not covered	Not covered	-none-
	Biotech/Specialty drugs	Not covered	Not covered	-none-
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not covered	Not covered	-none-
	Physician/surgeon fees	Not covered	Not covered	-none-
<b>If you need immediate medical attention</b>	Emergency room services	Not covered	Not covered	-none-
	Emergency medical transportation	Not covered	Not covered	-none-
	Urgent care	Not covered	Not covered	-none-
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not covered	Not covered	-none-
	Physician/surgeon fee	Not covered	Not covered	-none-
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	Not covered	Not covered	-none-
	Mental/Behavioral health inpatient services	Not covered	Not covered	-none-
	Substance use disorder outpatient services	Not covered	Not covered	-none-
	Substance use disorder inpatient services	Not covered	Not covered	-none-

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use an Out-of-Network Provider	Limitations & Exceptions
<b>If you are pregnant</b>	Prenatal and postnatal care	No charge for routine prenatal office visits. All other services not covered.	60% for routine prenatal office visits. All other services not covered.	Limited to routine prenatal office exams only.
	Delivery and all inpatient services	Not covered	Not covered	-none-
<b>If you need help recovering or have other special health needs</b>	Home health care	Not covered	Not covered	-none-
	Rehabilitation services	Not covered	Not covered	-none-
	Habilitation services	Not covered	Not covered	-none-
	Skilled nursing care	Not covered	Not covered	-none-
	Durable medical equipment	Not covered	Not covered	-none-
Hospice service	Not covered	Not covered	-none-	
<b>If your child needs dental or eye care</b>	Eye exam	Not covered	Not covered	-none-
	Glasses	Not covered	Not covered	-none-
	Dental check-up	Not covered	Not covered	-none-

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u>.)</b>		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Chiropractic care</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li></ul>	<ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility</li><li>• Long-term care</li><li>• Non-emergency care when traveling outside the U.S.</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care</li></ul>

<b>Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)</b>
<ul style="list-style-type: none"><li>• Weight loss programs (PPACA mandated only)</li></ul>

**Your Rights to Continue Coverage:**

If you lose coverage under the plan, then depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 877-851-0906. You may also contact your state insurance department, the US Department of Labor, Employee Benefits Security Administration at 866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 877-267-2323 x61565 or [www.ciio.dms.gov](http://www.ciio.dms.gov).

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.

### **Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: Key Benefit Administrators at 877-851-0906 or Employee Benefits Security Administration at 1-866-444-3272. [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

### **Does this Coverage Provide Minimum Essential Coverage?**

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

### **Does this Coverage Meet the Minimum Value Standard?**

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does not meet the minimum value standard for the benefits it provides.**

### **Language Access Services:**

SPANISH (Español): Para obtener asistencia en Español, llame al 877-851-0906.

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 877-851-0906.

CHINESE (中文): 如果需要中文的帮助，请拨打这个号码 877-851-0906.

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 877-851-0906.

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

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$2,140
- **Patient pays** \$ 5,400

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$5,400
<b>Total</b>	<b>\$5,400</b>

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

- **Amount owed to providers:** \$5,400
- **Plan pays** \$100
- **Patient pays** \$5,300

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$5,300
<b>Total</b>	<b>\$5,300</b>

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your

**providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-877-851-0906 or visit us at [www.kbasolution.com](http://www.kbasolution.com)

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf](http://www.cciio.cms.gov/resources/files/Files2/02102012/uniform-glossary-final.pdf) or call 877-851-0906 to request a copy.