

Washington County School District Group Health Plan

Annual Required Legal Notices and Disclosures for Plan Participants



List of Notices and Disclosures

HIPAA Notice of Privacy Practices

HIPAA Special Enrollment Notice

Women's Health and Cancer Rights Act Notice

Medicare Part D Notice of Creditable Rx Coverage

Medicare Part D Notice of Non-Creditable RX Coverage

Wellness Program Notice/Disclosure

Patient Protection Provider Choice Disclosure

Medical Carrier Summary of Benefits and Coverage (SBC)

If you want additional information on any of these notices or the benefits they address, contact Tammara Robinson, Benefits Coordinator or WCSSD Benefits Department at 435-673-3553, 121 W Tabernacle, St. George, UT 84770, or Tammara.Robinson@washk12.org

HIPAA Notice of Privacy Practices – Effective August 1, 2019

Your Information.

Your Rights.

Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Effective date of this Privacy Notice is: August 1, 2019

If you have questions or want to file a complaint, contact:

Tammara Robinson, Benefits Coordinator

Tammara.robinson@washk12.org 435-673-3553 ext. 5119

Your Rights

You have the right to:

- Get a copy of and/or correct your health and claims record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Fundraising efforts
- Marketing purposes
- Sale of your information

Our Uses and Disclosures

We may use and share your information as we:

- Run our organization
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 3.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission.

- Marketing Purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Run our organization

- We can use and share your health information to run our organization and contact you when necessary.
- *We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
Example: We give information about you with your medical plan to coordinate payment for medical services.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

HIPAA Notice of Privacy Practices

Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

HIPAA Special Enrollment Notice

This notice explains your right to enroll in or make changes to your group health insurance coverage during the plan year.

Loss of Other Coverage

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 your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage), except as specified below for Medicaid or CHIP coverage.

Marriage, Birth or Adoption

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.

Medicaid or CHIP Coverage

If you or your dependents become eligible to participate in a Medicaid or Children's Health Insurance Plan (CHIP) premium assistance program, you may enroll for coverage under our health plan if you notify the plan administrator within 60 days after you become eligible to participate in Medicaid or CHIP.

If you or your dependents lose coverage under a Medicaid or CHIP premium assistance program due to loss of eligibility, you may enroll in our health plan if you apply to enroll within sixty (60) days of the loss of coverage under Medicaid or CHIP. If you enroll within sixty (60) days, the effective date of coverage is the first day after your Medicaid or CHIP coverage ended.

To request special enrollment or obtain more information, contact the Plan Administrator.

Women's Health and Cancer Rights Act Notice

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 lymphedema.

These benefits will be provided subject to the same deductibles, co-payments and coinsurance applicable to other medical and surgical benefits provided under this plan. See the Summary Plan Description (SPD) or Benefits Summary from EMI Health.

Following the initial reconstruction, any additional modification or revision is covered only to the extent that it is not otherwise limited or excluded from coverage by your plan.

For additional information on WHCRA benefits, contact the Plan Administrator.

Medicare Part D Notice of Creditable Coverage

Important Notice from Washington County School District About Your Prescription Drug Coverage and Medicare

If you or your dependents are not eligible for Medicare, you may disregard this notice.

This notice applies to those covered under the EMI Health Benefit Plan. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with our Benefit Plan 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. **Washington County School District** has determined that the prescription drug coverage offered by the EMI Health 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.

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 15th to December 7th.

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 EMI Health coverage will not be affected. Medicare eligible individuals who become eligible for Medicare Part D can keep this coverage if they elect Part D and this plan will pay primary to Medicare Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage under our plan, be aware that you and your dependents will not be able to get back this coverage back except at the next annual open enrollment or if you have a "special enrollment" event.

Medicare Part D Notice of Creditable Coverage

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 Washington County School District 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 at the number listed below for further information. **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 EMI Health Plan 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.
- 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, 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).

To request additional plan information, contact the Plan Administrator.

EEOC Compliant Wellness Program Notice / Disclosure

Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed, except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Fitbit corporate wellness program in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach involving information you provide in connection with the wellness program occurs, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Tammara Robinson, Benefits Coordinator or email wcsd_wellness@washk12.org.

Patient Protection Provider Choice Disclosure

Our group health plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or EMI Health Plan.

You do not need prior authorization from our insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
EMI Health: Washington County School District Option 1

Coverage Period: 08/01/2019-07/31/2020

Coverage for: Employee + Dependents | Plan Type: PPO

 **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, please call 1-800-662-5851. 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 <https://www.healthcare.gov/sbc-glossary/> or call 1-800-662-5851 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For <u>participating providers</u> : \$1,500 person / \$3,000 family for policy period For <u>non-participating providers</u> : \$3,000 person / \$6,000 family for policy period	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> , generic <u>prescription drugs</u> , and office visits are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. Non-generic <u>prescription drugs</u> -- \$100 per individual for policy period . There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For <u>participating providers</u> : \$5,000 person / \$10,000 family For <u>non-participating providers</u> : \$10,000 person / \$20,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , balance-billed charges, health care this <u>plan</u> doesn't cover, Additional Benefits, certain <u>specialty pharmacy drugs</u> , and penalties for failure to obtain <u>preauthorization</u> for services	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.emihealth.com or call 1-800-662-5851 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> / visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	_____none_____
	<u>Specialist</u> visit	\$60 <u>copay</u> / visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	_____none_____
	<u>Preventive care/screening/immunization</u>	No charge; <u>deductible</u> does not apply	Not covered	Coverage is limited to one visit per policy period for some services. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge/ office visit; <u>deductible</u> does not apply No charge/ outpatient visit; <u>deductible</u> does not apply 20% <u>coinsurance</u> / inpatient services	40% <u>coinsurance</u>	_____none_____
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.emihealth.com .	Generic drugs	\$10 <u>copay</u> / prescription Retail; <u>deductible</u> does not apply \$10 <u>copay</u> / prescription Mail Order; <u>deductible</u> does not apply	Not covered	Up to a 30-day supply (retail prescription) per <u>copay</u> ; 31-90 day supply (mail order prescription) per <u>copay</u> . 90 day supply available at Costco, Sam's Club, and Walmart and is subject to 3x the retail <u>copay</u> amount
	Preferred brand drugs	\$25 <u>copay</u> / prescription Retail \$50 <u>copay</u> / prescription Mail Order	Not covered	
	Non-preferred brand drugs	\$45 <u>copay</u> / prescription Retail \$135 <u>copay</u> / prescription Mail Order	Not covered	
	Specialty drugs	\$100 <u>copay</u> / prescription	Not covered	Covers 30 day supply (mail order prescription) per <u>copay</u> . The cost of certain drugs (though reimbursed by the manufacturer at no cost to you) will not be applied towards your <u>out-of-pocket</u> limit. See http://emihealth.com/pdf/saveon.pdf for details.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	5% <u>coinsurance</u> for ambulatory surgical center; 20% <u>coinsurance</u> for all other facilities	40% <u>coinsurance</u>	Some procedures require <u>preauthorization</u>
	Physician/surgeon fees	5% <u>coinsurance</u> for ambulatory surgical center physicians; 20% <u>coinsurance</u> for all other physicians	40% <u>coinsurance</u>	_____none_____
If you need immediate medical attention	<u>Emergency room care</u>	\$325 <u>copay</u> / visit; <u>deductible</u> does not apply	\$325 <u>copay</u> / visit; <u>deductible</u> does not apply	_____none_____
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	_____none_____
	<u>Urgent care</u>	\$60 <u>copay</u> / visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Requires <u>preauthorization</u>
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 <u>copay</u> / office visit; <u>deductible</u> does not apply and 20% <u>coinsurance</u> other outpatient services	40% <u>coinsurance</u>	Medications for substance abuse not covered
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Requires <u>preauthorization</u>
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Cost sharing does not apply to certain <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> or <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	—————none—————
	<u>Rehabilitation services</u>	\$60 <u>copay</u> / office and outpatient visit; <u>deductible</u> does not apply and 20% <u>coinsurance</u> other inpatient services	40% <u>coinsurance</u>	Coverage limited to 60 outpatient visits and 40 inpatient days per policy period.
	<u>Habilitation services</u>	\$60 <u>copay</u> / office and outpatient visit; <u>deductible</u> does not apply and 20% <u>coinsurance</u> other inpatient services	40% <u>coinsurance</u>	Neurodevelopmental therapy coverage is available for those ages birth thru 6 and is limited to 40 outpatient visits per policy period.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Coverage limited to 30 days per policy period. Admission must be within 5 days of a discharge from Hospital Confinement.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Requires <u>preauthorization</u>
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Routine: No charge; <u>deductible</u> does not apply	Routine: Not covered	Limited to one <u>preventive</u> visit per policy period.
		Non-routine: \$60 <u>copay</u> / visit; <u>deductible</u> does not apply	Non-routine: 40% <u>coinsurance</u>	—————none—————
	Children's glasses	Not covered	Not covered	—————N/A—————
Children's dental check-up	Not covered	Not covered	—————N/A—————	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)			
✓ Acupuncture	✓	Dental care (Adult)	✓ Private-
duty nursing			
✓ Bariatric surgery	✓	Hearing aids	✓ Routine
foot care			
✓ Cosmetic surgery	✓	Long-term care	✓ Weight

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.)			
✓ Chiropractic care	✓	Non-emergency care when	✓ Routine
eye care (Adult)			
✓ Infertility treatment		traveling outside the U.S.	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-662-5851, your state insurance department, the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.cciio.cms.gov, or for plans subject to ERISA: the Department of Labor's Employee Benefits Administration at 1-866-444-EBSA (3272) or 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 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: EMI Health at 5101 South Commerce Drive, Murray Utah 84107, by phone at 801-662-5851 or toll free at 1-800-662-5851. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-44-EBSA (3272) or www.dol.gov/ebsa/healthreform. **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 page.—————

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)

n The <u>plan's overall deductible</u>	\$1,500
n <u>Specialist copayment</u>	\$60
n <u>Hospital (facility) coinsurance</u>	20%
n <u>Other coinsurance</u>	20%

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:

<i>Cost Sharing</i>	
Deductibles*	\$1,540
Copayments	\$0
Coinsurance	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,600

Managing Joe's type 2 Diabetes

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

n The <u>plan's overall deductible</u>	\$1,500
n <u>Specialist copayment</u>	\$60
n <u>Hospital (facility) coinsurance</u>	20%
n <u>Other coinsurance</u>	20%

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:

<i>Cost Sharing</i>	
Deductibles	\$1,200
Copayments	\$1,500
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$100
The total Joe would pay is	\$2,800

Mia's Simple Fracture

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

n The <u>plan's overall deductible</u>	\$1,500
n <u>Specialist copayment</u>	\$60
n <u>Hospital (facility) coinsurance</u>	20%
n <u>Other coinsurance</u>	20%

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:

<i>Cost Sharing</i>	
Deductibles	\$1,000
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,600

*Note: This plan has deductibles for specific services included in this coverage example. See 'Are there other deductibles for specific services?' row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

 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, please call 1-800-662-5851. 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

Important Questions <https://www.healthcare.gov/sbc-glossary/> or call 1-800-662-5851 Why this Matters: copy.

<p>What is the overall deductible?</p>	<p>For <u>participating providers</u>: \$2,000 single (employee only coverage) / \$4,000 family (two party or family coverage) for policy period For <u>non-participating providers</u>: \$2,250 single (employee only coverage) / \$4,500 family (two party or family coverage) for policy period</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Certain <u>prescription drugs</u> and <u>preventive care</u> is covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For <u>participating providers</u>: \$5,000 person / \$10,000 family For <u>non-participating providers</u>: \$6,500 person / \$13,000 family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, balance-billed charges, health care this <u>plan</u> doesn't cover, and penalties for failure to obtain <u>preauthorization</u> for services</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

Will you pay less if you use a <u>network provider</u>?	Yes. See www.emihealth.com or call 1-800-662-5851 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____
	<u>Specialist</u> visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____
	<u>Preventive care/screening/immunization</u>	No charge; <u>deductible</u> does not apply	Not covered	Coverage is limited to one visit per policy period for some services. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u> / office visit	40% <u>coinsurance</u>	_____none_____
		20% <u>coinsurance</u> / outpatient visit		
	20% <u>coinsurance</u> / inpatient services			
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.emihealth.com .	Generic drugs	\$7 <u>copay</u> / prescription Retail \$7 <u>copay</u> / prescription Mail Order	Not covered	Up to a 30-day supply (retail prescription) per <u>copay</u> ; 31-90 day supply (mail order prescription) per <u>copay</u> . 90 day supply available at Costco, Sam's Club, and Walmart and is subject to 3x the retail <u>copay</u> amount. <u>Deductible</u> waived for medications on the Exclusive Maintenance Drug list found at http://emihealth.com/pdf/Exclusive.pdf Covers 30 day supply (mail order prescription) per <u>copay</u>
	Preferred brand drugs	\$21 <u>copay</u> / prescription Retail \$42 <u>copay</u> / prescription Mail Order	Not covered	
	Non-preferred brand drugs	\$42 <u>copay</u> / prescription Retail \$126 <u>copay</u> / prescription Mail Order	Not covered	
	<u>Specialty drugs</u>	\$100 <u>copay</u> / prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	5% <u>coinsurance</u> for ambulatory surgical center; 20% <u>coinsurance</u> for all other facilities	40% <u>coinsurance</u>	Some procedures require <u>preauthorization</u>
	Physician/surgeon fees	5% <u>coinsurance</u> for ambulatory surgical center physicians; 20% <u>coinsurance</u> for all other physicians	40% <u>coinsurance</u>	_____none_____
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	_____none_____
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	_____none_____
	<u>Urgent care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Requires <u>preauthorization</u>
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	_____none_____
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u> office visit and other outpatient services	40% <u>coinsurance</u>	Medications for substance abuse not covered
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Requires <u>preauthorization</u>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Cost sharing does not apply to certain <u>preventive</u> services. Depending on the type of services, a <u>copayment</u> or <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	—————none—————
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Coverage limited to 60 outpatient visits and 40 inpatient days per policy period.
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Neurodevelopmental therapy coverage is available for those ages birth thru 6 and is limited to 40 outpatient visits per policy period.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Coverage limited to 30 days per policy period. Admission must be within 5 days of a discharge from Hospital Confinement.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Requires <u>preauthorization</u>
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	—————none—————
If your child needs dental or eye care	Children's eye exam	Routine: No charge; <u>deductible</u> does not apply	Routine: Not covered	Limited to one <u>preventive</u> visit per policy period.
		Non-routine: 20% <u>coinsurance</u>	Non-routine: 40% <u>coinsurance</u>	
	Children's glasses	Not covered	Not covered	—————N/A—————
	Children's dental check-up	Not covered	Not covered	—————N/A—————

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)			
✓ Acupuncture	✓	Dental care (Adult)	✓ Private-
duty nursing			
✓ Bariatric surgery	✓	Hearing aids	✓ Routine
foot care			
✓ Cosmetic surgery	✓	Long-term care	✓ Weight

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.)			
✓ Chiropractic care	✓	Non-emergency care when	✓ Routine
eye care (Adult)			
✓ Infertility treatment		traveling outside the U.S.	

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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- n The plan's overall deductible **\$2,000**
- n Specialist coinsurance **20%**
- n Hospital (facility) coinsurance **20%**
- n Other coinsurance **20%**

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:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$30
Coinsurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,190

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

- n The plan's overall deductible **\$2,000**
- n Specialist coinsurance **20%**
- n Hospital (facility) coinsurance **20%**
- n Other coinsurance **20%**

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
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$1,100
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$100
The total Joe would pay is	\$3,300

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

- n The plan's overall deductible **\$2,000**
- n Specialist coinsurance **20%**
- n Hospital (facility) coinsurance **20%**
- n Other coinsurance **20%**

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:

<i>Cost Sharing</i>	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
<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.