SEAFARERS HEALTH AND BENEFITS PLAN

P.O. Box 380
Piney Point, Maryland 20674-0380
(301) 994-9521 or (800) 252-4674

Margaret R. Bowen
Administrator

November 7, 2016

Dear Plan Participant:

According to the records of the Seafarers Health and Benefits Plan, you will be eligible for health benefits as of January 1, 2017, or you were eligible during the past year (2016). For this reason, we are sending you the enclosed Summary of Benefits and Coverage (SBC). This SBC briefly describes the benefits at the **Core-Plus level**. If you believe that you are currently receiving a different level of benefits, please contact the Plan to request a different booklet.

We are required under the Patient Protection and Affordable Care Act (ACA) to send you this Plan document. It provides a brief summary of your benefits. The SBC is **not** a guarantee of benefits. The Plan's Rules and Regulations determine whether you are eligible for benefits.

Also enclosed is a Glossary of Health Coverage and Medical Terms. This document defines common terms that are used by health plans and health insurance companies.

New Benefits

We are pleased to notify you that effective January 1, 2017, the Seafarers Health and Benefits Plan is adding some new benefits.

Until now, maternity benefits and pregnancy-related benefits were limited to employees and their spouses only. Beginning next year, the Plan will also provide maternity coverage and other pregnancy-related benefits to eligible dependent daughters of employees. A daughter up to age 26 may receive these benefits, provided that she is enrolled in the Plan, and the employee meets the Plan's eligibility requirements on the date the services are received. However, you should be aware that the newborn child born to a daughter (your grandchild) is not covered by the Plan.

In the past, the Plan did not provide coverage for gender orientation surgery or related treatment. As of January 1, 2017, the Plan will cover services related to gender transition, including surgery and hormonal treatment, when this treatment is medically indicated.

Reminder about the Plan's Grandfathered Status

The Plan would also like to remind you that the Seafarers Health and Benefits Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 5201 Auth Way, Camp Springs, MD 20746.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Questions

If you have any questions about these benefits, or about the coverage that you receive from the Plan, you may contact the Plan at 1-800-252-4674. You may also view additional information about your health coverage at www.seafarers.org, under the Member Benefits tab.

Sincerely,

Margaret R. Bowen
Administrator

Enclosures

SEAFARERS HEALTH & BENEFITS PLAN: CORE

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

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.seafarers.org** or by calling **1-800-252-4674**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$375** person/**$1125** family Doesn't apply to Inpatient facility/Vision/Dental.	You must pay all the costs up to the **deductible** amount before this Plan begins to pay for covered services you use. Check your policy or Plan document to see when the **deductible** starts over. See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible.**
Are there other deductibles for specific services?	Yes. **$100** for prescription drug coverage. There are no other specific **deductibles.**	You must pay all of the costs for prescription drugs up to the **deductible** amount before this Plan begins to pay. Prescription coverage provided through OptumRx.
Is there an out–of–pocket 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 out–of–pocket limit?	This Plan has no out-of-pocket limit.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
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 network of providers?	Yes, providers who participate with CIGNA. See www.seafarers.org for a list of participating providers.	If you use an in-network doctor or other health care **provider**, this Plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. This Plan uses the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this Plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the **specialist** 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 Summary Plan Description for additional information about **excluded services**.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** 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 **co-insurance** 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 in-network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an In-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	20% co-insurance	35% co-insurance	none
	Specialist visit	20% co-insurance	35% co-insurance	none
	Other practitioner office visit	20% co-insurance	35% co-insurance	none
	Preventive care/screening/immunization	20% co-insurance	35% co-insurance	none
If you have a test	Diagnostic test (x-ray, blood work)	20% co-insurance	35% co-insurance	none
	Outpatient imaging (CT/PET scans, MRIs)	20% co-insurance	35% co-insurance	No payment if not pre-authorized.
If you need drugs to treat your illness or condition: More information about **prescription drug coverage,** including formulary, is available at www.optumrx.com or www.seafarers.org.	Generic drugs 30 day retail; 90 day mail order	$10 co-pay retail $20 co-pay mail	100%	Prior authorization required for certain drugs. Maintenance drugs cost more when purchased at retail. Seafarer only.
	Preferred brand drugs 30 day retail; 90 day mail order	$25 co-pay retail $50 co-pay mail	100%	Prior authorization required for certain drugs. Maintenance drugs cost more when purchased at retail. Seafarer only.
	Non-preferred brand drugs 30 day retail; 90 day mail order	$50 co-pay retail $100 co-pay mail	100%	Prior authorization required for certain drugs. Maintenance drugs cost more when purchased at retail. Seafarer only.
	Specialty drugs	0%	100%	Thru CIGNA Home Delivery only.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance	35% co-insurance	No payment if not pre-authorized.
	Physician/surgeon fees	20% co-insurance	35% co-insurance	No payment if not pre-authorized.
If you need immediate medical attention	Emergency room services	20% co-insurance	35% co-insurance	$300 co-payment if non-injury related or not admitted.
	Emergency medical transportation	20% co-insurance	20% co-insurance	_____none_____
	Urgent care	20% co-insurance	35% co-insurance	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	0% $450 co-payment	30% co-insurance $450 co-payment	180 continuous days or $1,000,000 maximum per illness. Inpatient benefits will resume after 60 days out of hospital. Payment at semi-private room rate. No payment if not pre-authorized.
	Physician/surgeon fee	20% co-insurance	35% co-insurance	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% co-insurance	35% co-insurance	Seafarer only.
	Mental/Behavioral health inpatient services	0% co-insurance $450 co-payment	30% co-insurance $450 co-payment	180 continuous days or $1,000,000 maximum per illness. Inpatient benefits will resume after 60 days out of hospital. No payment if not pre-authorized. Seafarer only.
	Substance use disorder outpatient services	100%	100%	Not covered.
	Substance use disorder detox inpatient services	0% co-insurance $450 co-payment	30% co-insurance $450 co-payment	Rehabilitation for Seafarer only at SARC.
If you are pregnant	Prenatal and postnatal care	20% co-insurance	35% co-insurance	_____none_____
	Delivery and all inpatient services	0% $450 co-payment	30% co-insurance $450 co-payment	Payment at semi-private room rate. No payment if not pre-authorized.

Common Medical Event	Services You May Need	Your cost if you use an In-network Provider	Your cost if you use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Amount that exceeds network allowed or limitations	Amount that exceeds limitations	Combined with skilled nursing care; 60 visits per year. Visit equals two hours. Maximum allowed $75 per hour.
	Rehabilitation services	20% co-insurance	35% co-insurance	Seafarer only – after non-catastrophic illness/injury; 20 visits per year for physical therapy. Seafarer, spouse or child – after catastrophic illness/injury; 40 visits per year; includes physical, occupational, speech, pulmonary, and cognitive therapies.
	Habilitation services	100%	100%	Not covered.
	Skilled nursing care	Amount that exceeds network allowed or limitations	Amount that exceeds limitations	Combined with home health care; 60 visits per year. Visit equals two hours. Maximum allowed $75 per hour.
	Durable medical equipment	20% co-insurance	35% co-insurance	After non-catastrophic illness/injury for Seafarer only. After catastrophic illness/injury for Seafarer, spouse, or child.
	Hospice service	20% co-insurance	20% co-insurance	Up to six months.
If your child needs dental or eye care	Eye exam	Amt. that exceeds $40/24 months; includes eye wear.	Amt. that exceeds $40/24 months; includes eye wear.	Discount may apply.
	Glasses	Amt. that exceeds $40/24 months; includes eye exam.	Amt. that exceeds $40/24 months; includes eye exam.	Discount may apply.
	Dental check-up	Based on fee schedule	Based on fee schedule	$1,000/year; $2,000 orthodontic life-time max; ortho applies to annual limit; no limit pediatric preventive services.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery for spouse or child
- Chiropractic care
- Cosmetic surgery
- Durable medical equipment for spouse or child, except following catastrophic illness/injury
- Habilitation services
- Hearing aids for spouse or child
- Infertility treatment
- Long-term care
- Mental health for spouse or child
- Occupational and speech therapy, except following catastrophic illness/injury
- Outpatient substance use disorder; inpatient substance use disorder for spouse or child
- Physical therapy for spouse or child, except following catastrophic illness/injury
- Prescriptions for spouse or child
- Private duty nursing (inpatient)
- Routine foot care
- Services outside the U.S. and its territories
- Treatment not medically necessary
- Weight loss programs

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.)

- Bariatric surgery for Seafarer only
- Dental care
- Hearing aids for Seafarer only
- Private duty nursing (for home health care only)
- Routine eye care

Your Rights to Continue Coverage:

Federal laws may provide protections that allow you to keep health coverage as long as you pay your premium. There are exceptions however, such as if you commit fraud. For more information on your rights to continue coverage, contact the Plan at 1-800-252-4674. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human services at 1-877-267-2323 x61565 or www.cciio.cms.gov

Your Appeal 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**. For questions about your rights, this notice, or assistance, you can contact the Plan at 1-800-252-4674. Your appeal must be in writing and sent within 180 days of the date your claim was denied. You should include any supporting documentation you have when making your request. Your written appeal should be sent to: Board of Trustees, Seafarers Health and Benefits Plan, P.O. Box 380, Piney Point, Maryland 20674. You may also contact the U.S. Department of Labor, EBSA at 1-866-444-3272, or at www.dol.gov/ebsa.

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 meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-252-4674.

See attached insert for information about translation services in other languages.

The Seafarers Health and Benefits Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act.

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 1-800-252-4674. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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

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** $5,867
- **Patient pays** $1,673

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
Total	**$7,540**

Patient pays:

Deductibles Medical/Prescription	$375/$100
Co-pays	$450
Co-insurance	$748
Limits or exclusions	$0
Total	**$1,673**

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

- **Amount owed to providers:** $5,400
- **Plan pays** $3,610
- **Patient pays** $1,790

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
Total	**$5,400**

Patient pays:

Deductibles Medical/Prescription	$375/$100
Co-pays (RX mail order)	$800
Co-insurance	$440
Limits or exclusions	$75
Total	**$1,790**

Note: Examples assume it is the beginning of the year and you have not met your deductible. Prescriptions, medical equipment/supplies are not covered for spouse or child.

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**, **co-payments**, and **co-insurance** 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 **co-payments**, **deductibles**, and **co-insurance**. 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.

Note: Seafarers do not pay a premium.

SEAFARERS HEALTH AND BENEFITS PLAN

5201 Auth Way
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

Language Translation Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-252-4674

Arabic:
ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-252-4674

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-252-4674

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-252-4674

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-252-4674

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-252-4674

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-252-4674

Indonesian: PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-252-4674

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-252-4674

Croatian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-252-4674

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-252-4674

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-252-4674。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-252-4674 번으로 전화해 주십시오.

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-252-4674

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-252-4764

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- Bold blue text indicates a term defined in this Glossary.
- See page 4 for an example showing how deductibles, co-insurance and out-of-pocket limits work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal

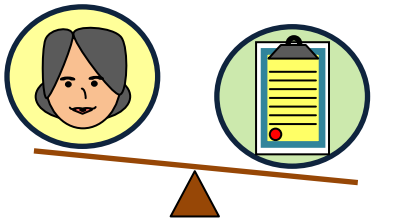
A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may ***not*** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance ***plus*** any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.



Jane pays 20% | Her plan pays 80%

(See page 4 for a detailed example.)

Complications of Pregnancy

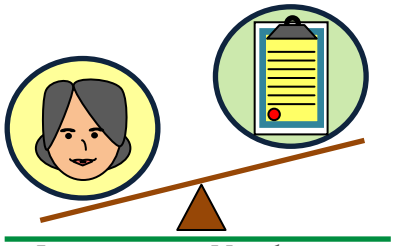
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Jane pays 100% | Her plan pays 0%

(See page 4 for a detailed example.)

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an emergency medical condition.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Excluded Services
Health care services that your health insurance or plan doesn't pay for or cover.

Grievance
A complaint that you communicate to your health insurer or plan.

Habilitation Services
Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

Hospice Services
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care
Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

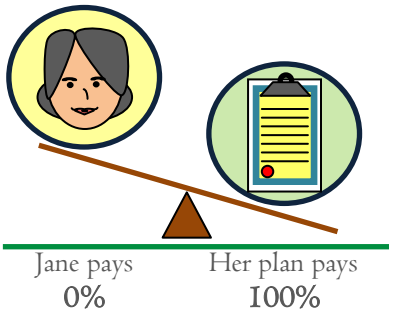
Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider
A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do ***not*** contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment
A fixed amount (for example, $30) you pay for covered health care services from providers who do ***not*** contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit


(See page 4 for a detailed example.)

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage
Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs
Drugs and medications that by law require a prescription.

Primary Care Physician
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery
Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services
Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

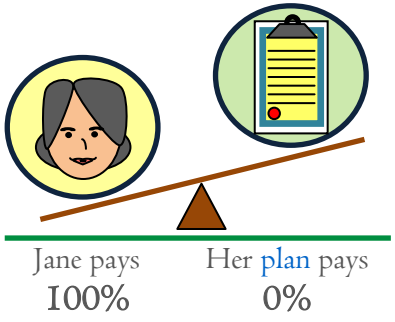
Urgent Care
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: $1,500 **Co-insurance:** 20% **Out-of-Pocket Limit:** $5,000

January 1st
Beginning of Coverage Period

December 31st
End of Coverage Period

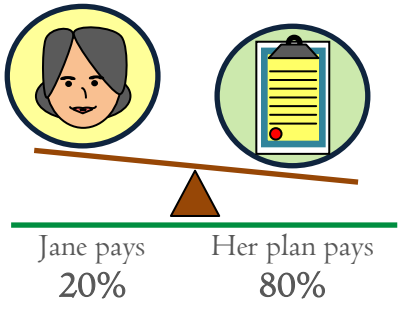


Jane hasn't reached her $1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: $125
Jane pays: $125
Her plan pays: $0

more costs

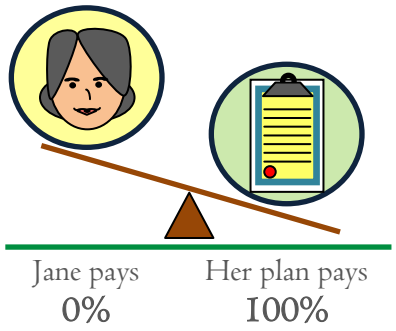


Jane reaches her $1,500 deductible, co-insurance begins

Jane has seen a doctor several times and paid $1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: $75
Jane pays: 20% of $75 = $15
Her plan pays: 80% of $75 = $60

more costs



Jane reaches her $5,000 out-of-pocket limit

Jane has seen the doctor often and paid $5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: $200
Jane pays: $0
Her plan pays: $200

If you have difficulty reading English, we offer language assistance. For help please call the Customer Service number on your ID card. If you do not have or are unable to locate your ID card please call 1-800-244-6224. **English**

Si tiene problemas para leer el texto en inglés, le ofrecemos asistencia de idiomas. Para obtener ayuda, por favor, llame al número de Servicio al cliente que figura en su tarjeta de identificación. Si no tiene su tarjeta de identificación o no puede encontrarla, llame al 1-800-244-6224. **Spanish**

Si vous avez des difficultés à lire l'anglais, nous offrons une assistance linguistique. Pour toute aide, veuillez composer le numéro du Service à la clientèle qui se trouve sur votre carte d'identification. Si vous n'avez pas de carte d'identification ou êtes dans l'impossibilité de la retrouver, veuillez appeler au 1 800 244-6224. **French**

Für den Fall, dass Sie den englischen Text nicht verstehen, bieten wir mehrsprachige Unterstützung an. Rufen Sie in diesem Fall bitte die auf Ihrer Versicherungskarte angegebene Kundenservice-Nummer an. Wenn Sie keine Versicherungskarte haben oder diese nicht finden, rufen Sie bitte unter der Rufnummer 1-800-244-6224 an. **German**

Kung nahihirapan ka sa pagbabasa ng wikang Ingles, nag-aalok kami ng tulong sa wika. Para sa tulong pakitawagan ang numero ng Serbisyo ng Customer sa iyong ID card. Kung wala kang ID card o hindi mo ito mahanap, mangyaring tumawag sa 1-800-244-6224. **Tagalog**

如果對您來說閱讀英文會有困難，我們可以提供您語言協助。欲取得協助，請撥打會員卡上的客戶服務電話號碼。
如果您沒有或找不到您的會員卡，請撥 1-800-244-6224。**Chinese**

Bilagáana Bizaad wólta' nił nanitł'ahgo, saad bee niká'a'doowołígíí hólǫ. Áká'a'áyeed biniiyé t'áá shǫǫdi 'áká'anídaalwo'go dabinaanishígíí bich'į' hodíílnih 'éí naaltsoos bee nee hózinígíí bikáa'gi bibéésh bee hane'é yisdzoh. Ninaaltsoos nitł'ízí bee nééhozinígíí doo nee hólǫ́ǫ́góó doodago ch'ééh hanitáago dah t'áá shǫǫdí kojį' béésh bee hodíílnih 1-800-244-6224. **Navajo**

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