Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) 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, call 877-838-4949 or visit us at www.healthpartners.com. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <u>www.healthcare.gov/sbc-glossary</u> or call 877-838-4949 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Indian Health Care Provider (IHCP) or with IHCP referral at non-IHCP: \$0	See the Common Medical Events chart below for your costs for services this <u>plan</u> covers.
Are there services covered before you meet your deductible?	Not Applicable	This <u>plan</u> does not have a <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	There are no other specific deductibles.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	None	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.

Important Questions	Answers	Why This Matters:
What is not included in the out-of-pocket limit?	This <u>plan</u> has no <u>out-of-pocket limit</u> .	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a network provider?	No	This <u>plan</u> does not use a <u>provider network</u> . You can receive covered services from any <u>provider.</u>
Do you need a referral to see a specialist?	No	You can see the in-network specialist you choose without a referral.

		What You Will Pay			
Common Medical Event	Services You May Need	Indian Health Care Provider (You will pay the least)	Non-IHCP Provider (You will pay the most)	Limitations, Exceptions, and Other Important Information	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Primary Office Visit: No charge Convenience Care: No charge Virtuwell: No charge	Primary Office Visit: No charge Convenience Care: No charge	None	
	Specialist visit	No charge	No charge	None	
	Preventive care/screening/immunization	No charge	No charge	None.	
If you have a test	Diagnostic test (x-ray, blood work)	No charge	No charge	None	
	Imaging (CT/PET scans, MRIs)	No charge	No charge	None	
If you need drugs to treat	Generic drugs	No charge	No charge at retail, mail not covered	30 day supply retail / 90 day supply mail order.	
your illness or condition More information about	Preferred brand drugs	No charge	No charge at retail, mail not covered	None	
is available at healthpartners.com/preferredrx	The profession and go		No charge at retail, mail not covered	None	
nealinpartners.com/preferreurx	Specialty drugs	No charge	Not covered	None	
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	No charge	No charge	None	
surgery	Physician/surgeon fees	No charge	No charge	None	

		What You Will Pay			
Common Medical Event	Services You May Need	Indian Health Care Provider (You will pay the least)	Non-IHCP Provider (You will pay the most)	Limitations, Exceptions, and Other Important Information	
	Emergency room care	No charge	No charge	None	
If you need immediate medical attention	Emergency medical transportation	No charge	No charge	None	
	<u>Urgent care</u>	No charge	No charge	None	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	No charge	None	
	Physician/surgeon fees	No charge	No charge	None	
If you need mental health,	Outpatient services	No charge	No charge	None	
behavioral health, or substance abuse needs	Inpatient services	No charge	No charge	None	
	Office visits	No charge	No charge	None.	
If you are pregnant	Childbirth/delivery professional services	No charge	No charge	None	
	Childbirth/delivery facility services	No charge	No charge	None	
	Home health care	No charge	Not covered	60 visits per calendar year	
	Rehabilitation services	No charge	No charge	Limited to 20 visits each per calendar year	
	Habilitation services	No charge	No charge	Limited to 20 visits each per calendar year	
If you need help recovering	Skilled nursing care	No charge	No charge	30 days per confinement	
or have other special health needs	Durable medical equipment	No charge	No charge	None	
	Hospice services	No charge	Not covered	Respite care is limited to 5 days per episode and respite care and continuous care combined are limited to 30 days per episode.	
If your child needs dental or eye care	Children's eye exam	No charge	No charge	None	
	Children's glasses	No charge	Not covered	Limited to one pair of eyeglasses (lenses and frames) or one pair of contact lenses per calendar year.	
	Children's dental check-up Not covered		Not covered	None	

### **Excluded Services & Other Covered Services:**

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

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care

- Infertility treatment
- Long-term care

  - Private-duty nursing

- Routine eye care (Adult)
- Routine foot care
- Non-emergency care when traveling outside the U.S. Termination of pregnancy, except in cases of rape, incest, or danger to the life of the mother.
  - Weight loss programs

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

Chiropractic care

Hearing aids

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: Your plan at 1-800-883-2177, or 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 the Wisconsin Office of the Commissioner of Insurance at 608-266-0103 / 1-800-236-8517. 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 grievanceor 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: Your plan at 1-800-883-2177 or the Wisconsin Office of the Commissioner of Insurance at 608-266-0103 / 1-800-236-8517. Additionally, a consumer assistance program can help you file your appeal. Contact the Wisconsin Office of the Commissioner of Insurance at 608-266-0103 / 1-800-236-8517.

# Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plan, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

## Does this plan meet Minimum Value Standards? Not Applicable.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

## **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-838-4949.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-838-4949.

Chinese (中文): 如果需要中文的帮助,请拨打这个号码1-877-838-4949.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-877-838-4949.

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

## **About these Coverage Examples:**



Specialist visit (anesthesia)

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)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well- controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The <u>plan's</u> overall <u>deductible</u>	None	■ The <u>plan's</u> overall <u>deductible</u>	None	■ The <u>plan's</u> overall <u>deductible</u>	None
■ Specialist coinsurance	0%	■ Specialist coinsurance	0%	■ Specialist coinsurance	0%
■ Hospital (facility)	0%	■ Hospital (facility)	0%	■ Hospital (facility)	0%
coinsurance		coinsurance		coinsurance	
■ Other <u>coinsurance</u>	0%	■ Other <u>coinsurance</u>	0%	Other <u>coinsurance</u>	0%
This EXAMPLE event includes services like:		This EXAMPLE event includes services	s like:	This EXAMPLE event includes service	es like:
Specialist office visits (prenatal care)		Primary care physician office visits (including		Emergency room care (including medical supplies)	
Childbirth/Delivery Professional Services		disease education)		Diagnostic test (x-ray)	
Childbirth/Delivery Facility Services		Diagnostic tests (blood work)		<u>Durable medical equipment</u> (crutches)	
Diagnostic tests (ultrasounds and blood work)		Prescription drugs		Rehabilitation services (physical therapy)	

<u>Durable medical equipment</u> (glucose meter)

Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
Cost Sharing		Cost Sharing		<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0	<u>Deductibles</u>	\$0	<u>Deductibles</u>	\$0
<u>Copayments</u>	\$0	<u>Copayments</u>	\$0	<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered		What isn't covered	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$0	The total Joe would pay is	\$0	The total Mia would pay is	\$0

Note: These numbers assume that the patient received care from an IHCP provider or with IHCP referral at a non-IHCP. If you receive care from a non-IHCP provider without a referral from an IHCP your costs may be higher.



#### Statement of Nondiscrimination for Health Plan Members

#### **Our Responsibilities:**

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity and sexual orientation.

- We help people with disabilities to communicate with us. This help is free. It includes:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio and accessible electronic formats
- We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:
  - Qualified interpreters
  - Information written in other languages

#### For Language or Communication Help:

Call 1-800-883-2177 if you need language or other communication help. (TTY: 711)

# If you have questions about our non-discrimination policy:

Contact the Civil Rights Coordinator at 1-844-363-8732 or integrityandcompliance@healthpartners.com.

#### To File a Grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at 1-844-363-8732, integrityandcompliance@ healthpartners.com or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave. S., Bloomington, MN 55425.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services Room 509F, HHH Building 200 Independence Avenue SW, Washington, DC 20201 1-800-368-1019, 800-537-7697 (TDD)

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Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)	ພາສາລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-883-2177.(TTY: 711)
Hmoob ( <i>Hmong</i> ) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)	Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)
Tiếng Việt ( <i>Vietnamese)</i> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)	العربية (Arabic) العربية المحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر 217 كالمجان. اتصل برقم 2177-883-800 (رقم هاتف الصم والبكم: 711
繁體中文 (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 1-800-883-2177.(TTY:711)	Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)
Русский ( <i>Russian</i> ) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)	한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)
Af Soomaali <i>(Somali)</i> OGAYSIIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)	Tagalog ( <i>Tagalog</i> ) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)

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Oromiffa ( <i>Cushite</i> [ <i>Oromo</i> ]) XIYYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)	Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)
አማርኛ (Amharic) ማስታወሻ: የሚናኅሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፤ በነጻ ሊያጣዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-883-2177. ( <i>መ</i> ስማት ለተሳናቸው: 711)	ภาษาไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)
unD (Karen) ပ <b>ာ်သူဉ်ပင်သး</b> – နမ့်ကတိၤ ကညီ ကျိဉ်အဃိ, နမၤန့်၊ ကျိဉ်အတာမ်းစၤၤလၤ တလက်ဘူဉ်လက်စု၊ နီတမ်းဘဉ်သူနှဉ်လီၤႉ ကိး 1-800-883-2177. (TTY: 711)	ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (ΤΤΥ: 711)
ខ្មែរ (Mon-Khmer, Cambodian) ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិកឈ្នួល គឺអាចមានសំរាប់ប់រើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)	Diné Bizaad ( <i>Navajo</i> ) Díí baa akó nínízin: Díí saad bee yáníłti'go <b>Diné Bizaad</b> , saad bee áká'ánída'áwo'dé¢', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-883-2177. (TTY: 711)
Deitsch (Pennsylvanian Dutch) Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)	Ikirundi (Bantu – Kirundi) ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-883-2177. (TTY: 711)
Polski ( <i>Polish</i> ) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)	Kiswahili <i>(Swahili)</i> KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-883-2177. (TTY: 711)
हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)	日本語 (Japanese) 注意事項:日本語を話される場合、 無料の言語支援をご利用いただけます。1-800-883-2177 (TTY: 711) まで、お電話にてご連絡ください。
Shqip (Albanian) KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)	नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंने नेपाली बोल्नुहुन्छ भने तपाईंनो निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-883-2177 (टिटिवाइ: 711)
Srpsko-hrvatski ( <i>Serbo-Croatian</i> ) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)	Norsk (Norwegian) MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-800-883-2177. (TTY: 711)
ગુજરાતી <i>(Gujarati)</i> સુયના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)	Adamawa <i>(Fulfulde, Sudanic)</i> MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-883-2177. (TTY: 711)
أردُو (Urdu) خبر دار : اگر آپ ار دو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 2177-883-800 (TTY: 711).	Українська (Ukranian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-883-2177. (телетайп: 711)

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