<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>Yes. $1,300 Individual / $2,600 for all other coverage levels for in-network providers. Does not apply to Preventive services and certain preventive prescriptions. Separate deductible when you use out-of-network providers, $2,600 Individual / $5,200 Family.</td>
<td>You must pay all the costs up to the <strong>deductible</strong> amount before this plan begins to pay for covered services you use. The <strong>deductible</strong> starts over each January 1st. See the chart starting on page 2 for how much you pay for covered services after you meet the <strong>deductible</strong>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet <strong>deductibles</strong> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</td>
</tr>
<tr>
<td>Is there an out-of-pocket limit on my expenses?</td>
<td>Yes. $2,600 Individual / $5,200 when family members are covered. Separate limits for out-of-network providers. $5,200 Individual / $10,400 all other coverage levels.</td>
<td>The <strong>out-of-pocket limit</strong> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td><strong>Premiums</strong>, health care this plan doesn’t cover, out-of-network charges above the <strong>allowed amount</strong>, and out-of-network transplants.</td>
<td>Even though you pay these expenses, they don’t count toward the <strong>out-of-pocket limit</strong>.</td>
</tr>
<tr>
<td>Is there an overall annual limit on what the plan pays?</td>
<td>No.</td>
<td>The chart starting on page 2 describes any limits on what the plan will pay for <strong>specific covered services</strong>, such as office visits.</td>
</tr>
<tr>
<td>Does this plan use a network of providers?</td>
<td>Yes. For a list of in-network <strong>providers</strong> see <a href="http://www.anthem.com">www.anthem.com</a> or call 800-345-2460.</td>
<td>If you use an in-network doctor or other health care <strong>provider</strong>, 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 <strong>provider</strong> for some services. See the chart starting on page 2 for how this plan pays different kinds of <strong>providers</strong>.</td>
</tr>
</tbody>
</table>

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Do I need a referral to see a specialist?

No. 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 4. See your policy or plan document 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.
- EO=Employee-Only, EC=Employee/Child(ren), ES=Employee/Spouse, FA=Family

### Summary of Benefits and Coverage

#### Common Medical Event

<table>
<thead>
<tr>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you visit a health care provider’s office or clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td>Other practitioner office visit</td>
<td>20% co-insurance for chiropractor</td>
<td>40% co-insurance</td>
<td>Coverage is limited to 12 manipulations</td>
</tr>
<tr>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>40% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic test (x-ray, blood work)</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>none</td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>none</td>
</tr>
</tbody>
</table>

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## Common Medical Event Services You May Need

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
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<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Covers up to a 30-day supply (retail); 90-day supply (mail order) for in-network providers. Mail order limited to in-network providers.</td>
</tr>
<tr>
<td></td>
<td>Brand drugs</td>
<td>20% co-insurance</td>
<td>40% co-insurance (retail)/prescription</td>
<td>Out-of-network coverage limited to 40% co-insurance and member pays amount above the network discounted price.</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>20% co-insurance</td>
<td>Not covered</td>
<td>Coverage limited to in-network mail order only.</td>
</tr>
<tr>
<td>More information about prescription, drug coverage is available at <a href="http://www.expressscripts.com/iu">www.expressscripts.com/iu</a>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Non-emergency care is not covered in an emergency room.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Emergency medical transportation</strong></td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Urgent care</strong></td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Preauthorization required</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Preauthorization required</td>
</tr>
<tr>
<td>If you have mental health, behavioral health, or substance abuse needs</td>
<td>Mental/Behavioral health outpatient services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Treatment plan required after 10 visits</td>
</tr>
<tr>
<td></td>
<td>Mental/Behavioral health inpatient services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Preauthorization required</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder outpatient services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Treatment plan required after 10 visits</td>
</tr>
<tr>
<td></td>
<td>Substance use disorder inpatient services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Preauthorization required</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Prenatal and postnatal care</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delivery and all inpatient services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use an In-network Provider</th>
<th>Your Cost If You Use an Out-of-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home health care</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Preauthorization required; 30 visit limit on non-network providers</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>Preauthorization required</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% co-insurance</td>
<td>40% co-insurance</td>
<td>See plan booklet</td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>20% co-insurance</td>
<td>20% co-insurance</td>
<td>Preauthorization required</td>
</tr>
<tr>
<td></td>
<td>Eye exam</td>
<td>$10 co-payment</td>
<td>$42 allowance</td>
<td>Limited to one exam per year</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>Varies</td>
<td>Varies</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Dental check-up</td>
<td>Not covered</td>
<td>Not covered</td>
<td>none</td>
</tr>
</tbody>
</table>

**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
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids (Adults age 18 and older)
- Infertility treatment
- Long term care
- Private duty Nursing (rendered in a hospital or skilled nursing facility)
- Routine foot care
- Weight loss programs

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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
- Coverage outside the U.S. including non-emergency care
- Routine eye care (Adult) Blue View Vision
- Chiropractic care (12 visits per year)
- Private duty nursing as a part of covered home health care

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

For more information on your rights to continue coverage, contact the plan at 1-800-345-2460. You may also contact your state insurance department, 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 Grievance and Appeals Rights:
If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 1-800-345-2460, Anthem Appeals, P.O. Box 33200, Louisville KY 40232-3200, ATTN: Appeals Specialist. Anthem’s facsimile number is 1-317-287-5968 or contact the Department of Labor’s Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?
The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?
The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

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

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### 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:** $4,890
- **Patient pays:** $2,650

**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 $1,300
- Co-pays $0
- Co-insurance $1,200
- Limits or exclusions $150
- **Total** $2,650

Your total cost each year includes the premiums you pay in addition to these out-of-pocket costs for medical services you receive. The University contributes an amount equal to the deductible to the employee’s Health Savings Account that can be used to offset what the patient pays--$1,300 Individual; $2,600 for all other coverage levels.

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#### Managing Type 2 Diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays:** $3,428
- **Patient pays:** $1,972

**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 $1,150
- Co-pays $0
- Co-insurance $782
- Limits or exclusions $40
- **Total** $1,972

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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.