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.healthcomp.com or by calling 1-855-727-5267.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Tier 1: **$100** person/**$300** family Tier 2: **$250** person/**$750** family Tier 3: **$500** person/**$1,500** family Doesn't apply to preventive care by preferred providers or outpatient prescription drugs.	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 (usually, but not always, January 1st). 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?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for your costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. For Medical: Tier 1: **$1,000** person/**$3,000** family Tier 2: **$2,500** person/**$7,500** family Tier 3: **$10,000** person/**$30,000** family For Pharmacy (CVS Caremark): **$4,350** person/ **$6,200** family	The **out-of-pocket limit** 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.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
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. For a list of preferred providers, see: Tier 1: **www.keckmedicine.org** Tier 2: **www.anthem.com/ca or call 1-800-888-8288**	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. Plans use 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 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 9. See your policy or plan document for additional information about **excluded services**.

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

Common Medical Event	Services You May Need	Your Cost If You Use a Tier 1 provider (Keck Medicine of USC) (Anthem Blue Cross / Blue Card for covered persons < age 26)	Your Cost If You Use a Tier 2 Provider (Anthem Blue Cross Prudent Buyer PPO/BlueCard providers)	Your Cost If You Use a Tier 3 Provider (Non-Network)	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15 copay/visit	$25 copay/visit	All amounts over 50% of UCR	----------none----------
	Specialist visit	$15 copay/visit	$25 copay/visit	All amounts over 50% of UCR	----------none----------
	Other practitioner office visit	Not available	20% coinsurance for chiropractic & acupuncture care	All amounts over 50% of UCR for chiropractic & acupuncture care	Coverage limited to 40 combined visits per year.

Common Medical Event	Services You May Need	Your Cost If You Use a Tier 1 provider (Keck Medicine of USC) (Anthem Blue Cross / Blue Card for covered persons < age 26)	Your Cost If You Use a Tier 2 Provider (Anthem Blue Cross Prudent Buyer PPO/BlueCard providers)	Your Cost If You Use a Tier 3 Provider (Non-Network)	Limitations & Exceptions
	Preventive care/screening/immunization	No charge	No charge	All amounts over 50% of UCR	----------none----------
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	----------none----------
	Imaging (CT/PET scans, MRIs)	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	----------none----------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at **www.caremark.com**	Generic drugs	Retail/Mail: $10 copay per 30-day supply		Retail: 50% coinsurance Mail-order: Not Covered	If filled at a non-network pharmacy, the plan will only cover 50% of CVS Caremark's contracted rate.
	Preferred brand drugs	Retail/Mail: Brand (when no Generic is available): 20% coinsurance ($30 min/$125 max) Brand (when a Generic is available): 50% coinsurance ($50 min/no max) Copays are per 30-day supply		Retail: 50% coinsurance Mail-order: Not Covered	If filled at a non-network pharmacy, the plan will only cover 50% of CVS Caremark's contracted rate.
	Non-preferred brand drugs	Retail/Mail: Brand (when no Generic is available): 20% coinsurance ($30 min/$125 max) Brand (when a Generic is available): 50% coinsurance ($50 min/no max) Copays are per 30-day supply		Retail: 50% coinsurance Mail-order: Not Covered	If filled at a non-network pharmacy, the plan will only cover 50% of CVS Caremark's contracted rate.

Common Medical Event	Services You May Need	Your Cost If You Use a Tier 1 provider (Keck Medicine of USC) (Anthem Blue Cross / Blue Card for covered persons < age 26)	Your Cost If You Use a Tier 2 Provider (Anthem Blue Cross Prudent Buyer PPO/BlueCard providers)	Your Cost If You Use a Tier 3 Provider (Non-Network)	Limitations & Exceptions
	Specialty drugs	Retail/Mail: $200 copay per 30-day supply		Retail: 50% coinsurance Mail-order: Not Covered	If filled at a non-network pharmacy, the plan will only cover 50% of CVS Caremark's contracted rate.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	$200 copay	$400 copay; plus all amounts over 50% of UCR	Tier 3: Plan payment is limited to $2,700. Prior authorization required or payment may be reduced or denied. Deductible waived.
	Physician/surgeon fees	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	----------none----------
If you need immediate medical attention	Emergency room services	$150 copay (only at USC Verdugo Hills Hospital)	$150 copay	$150 copay; plus all amounts over 100% of UCR	Copay waived if admitted.
	Emergency medical transportation	Not available	20% coinsurance	20% coinsurance	----------none----------
	Urgent care	Not available	$35 copay/visit	All amounts over 50% of UCR	----------none----------
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	$300 copay/ admission	$500 copay/ admission plus all amounts over 50% of UCR	Prior authorization required or payment may be reduced or denied. Deductible waived.

Common Medical Event	Services You May Need	Your Cost If You Use a Tier 1 provider (Keck Medicine of USC) (Anthem Blue Cross / Blue Card for covered persons < age 26)	Your Cost If You Use a Tier 2 Provider (Anthem Blue Cross Prudent Buyer PPO/BlueCard providers)	Your Cost If You Use a Tier 3 Provider (Non-Network)	Limitations & Exceptions
	Physician/surgeon fee	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	----------none----------
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$15 copay/visit	$25 copay/visit	All amounts over 50% of UCR	Tier 3: All amounts over 80% of UCR for covered persons under age 26
	Mental/Behavioral health inpatient services	No Charge	$300 copay/ admission	$500 copay/ admission; plus all amounts over 50% of UCR	Prior authorization required or payment may be reduced or denied. Deductible waived.
	Substance use disorder outpatient services	$15 copay/visit	$25 copay/visit	All amounts over 50% of UCR	Tier 3: All amounts over 80% of UCR for covered persons under age 26
	Substance use disorder inpatient services	No Charge	$300 copay/ admission	$500 copay/ admission; plus all amounts over 50% of UCR	Prior authorization required or payment may be reduced or denied. Deductible waived.
If you are pregnant	Prenatal and postnatal care	$15 copay/visit	$25 copay/visit	All amounts over 50% of UCR	----------none----------
	Delivery and all inpatient services	No Charge (Only at USC Verdugo Hills Hospital)	$100 copay/ admission at Good Samaritan Hospital when delivered by a USC Care Medical Group Obstetrician All Others: $300 copay/admit	$500 copay/ admission; plus all amounts over 50% of UCR	Deductible waived.

Common Medical Event	Services You May Need	Your Cost If You Use a Tier 1 provider (Keck Medicine of USC) (Anthem Blue Cross / Blue Card for covered persons < age 26)	Your Cost If You Use a Tier 2 Provider (Anthem Blue Cross Prudent Buyer PPO/BlueCard providers)	Your Cost If You Use a Tier 3 Provider (Non-Network)	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	Prior authorization required for a treatment plan in excess of 10 visits or payment may be reduced or denied. Coverage limited to 100 visits per person/per calendar year.
	Rehabilitation services	$15 copay/visit	$25 copay/visit	All amounts over 50% of UCR	Coverage limited to 12 visits per year. Any visits beyond 12 require prior authorization or payment may be reduced or denied.
	Habilitation services	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	Coverage limited to 40 visits per year (chiropractic and acupuncture services combined).
	Skilled nursing care	Not available	$300 copay/ admission	$500 copay/ admission; plus all amounts over 50% of UCR	Coverage limited to 100 days per person/per calendar year. Prior authorization required or payment may be reduced or denied. Deductible waived.

Common Medical Event	Services You May Need	Your Cost If You Use a Tier 1 provider (Keck Medicine of USC) (Anthem Blue Cross / Blue Card for covered persons < age 26)	Your Cost If You Use a Tier 2 Provider (Anthem Blue Cross Prudent Buyer PPO/BlueCard providers)	Your Cost If You Use a Tier 3 Provider (Non-Network)	Limitations & Exceptions
	Durable medical equipment	10% coinsurance	20% coinsurance	All amounts over 50% of UCR	Prior authorization required for any purchase or rental price over $2,000 or payment may be reduced or denied.
	Hospice service	Not available	No charge	All amounts over 100% of UCR	Deductible waived.
If your child needs dental or eye care	Eye exam	Not covered	Not covered	Not covered	----------none----------
	Glasses	Not covered	Not covered	Not covered	----------none----------
	Dental check-up	Not covered	Not covered	Not covered	----------none----------

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.)

- Cosmetic surgery
- Dental care
- Hearing Aids (for covered persons age 26 and older)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs
- Routine eye care

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.)

- Acupuncture
- Bariatric surgery (when performed at a Center of Medical Excellence Facility)
- Chiropractic care
- Hearing aids (for covered persons under age 26)
- Non-emergency care when traveling outside the U.S.

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 1-855-727-5267. 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:

HealthComp
P.O. Box 45018
Fresno, CA 93718-5018
Toll Free: (855) 727-5267
www.healthcomp.com

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:

Para obtener asistencia en Español, llame al (855) 727-5267.

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** $7,200
- **Patient pays** $340

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	$100
Copays	$30
Coinsurance	$60
Limits or exclusions	$150
Total	**$340**

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

- **Amount owed to providers:** $5,400
- **Plan pays** $4,540
- **Patient pays** $860

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	$100
Copays	$550
Coinsurance	$130
Limits or exclusions	$80
Total	**$860**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

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

What does a Coverage Example show?

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

Does the Coverage Example predict my own care needs?

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

Does the Coverage Example predict my future expenses?

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

Can I use Coverage Examples to compare plans?

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

Are there other costs I should consider when comparing plans?

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