The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://www.scibew-neca.org/html/hspd0690.htm. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-886-7559 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$0	Under the plan, you can only be reimbursed for purchasing prescriptions out-of-network. (See the chart starting on page 3 for a list of the services that may be covered.)
Are there services covered before you meet your deductible?	There is no deductible under the Mandatory Generic Prescription Drug.	This Mandatory Generic Prescription Drug Plan is designed to meet the cost of prescription drugs prescribed by your doctor, for you or your eligible dependents, for the treatment of illness or injury. See the chart starting on page 3 for a list of the services that may be covered under this plan.
Are there other deductibles for specific services?	No.	There is no deductible under the Mandatory Generic Prescription Drug Plan. See the chart starting on page 3 for a list of the services that may be covered under this plan.
What is the out-of-pocket limit for this plan?	Not applicable.	There is no **out-of-pocket limit**. You are encouraged to use the Citizens Rx contacted pharmacy chain or Mail Service Prescription Drug Plan whenever possible. Under this plan, you may be responsible for most of the drug cost if you use a non-network pharmacy.
What is not included in the out-of-pocket limit?	Not applicable.	There is no **out-of-pocket limit**. You are encouraged to use the Citizens Rx contacted pharmacy chain or Mail Service Prescription Drug Plan whenever possible. Under this plan, you may be responsible for most of the drug cost if you use a non-network pharmacy.
Will you pay less if you use a network provider?	Yes.	You must use a network pharmacy to obtain a prescription for a fixed co-payment. As a cost-containment feature, the Plan requires that you use a generic drug substitute when it is available.
Do you need a referral to see a specialist?	Not applicable.	This Mandatory Generic Prescription Drug Plan is designed to meet the cost of prescription drugs prescribed by your doctor, for you or your eligible dependents, for the treatment of illness or injury. See the chart starting on page 3 for a list of the services that may be covered under this plan.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Not applicable	Not applicable	The Mandatory Generic Prescription Drug Plan is designed to meet the cost of prescription drugs prescribed by your doctor, for you or your eligible dependents, for the treatment of illness or injury. See the chart starting on page 3 for a list of the services that may be covered under this plan.
	Specialist visit	Same as above	Same as above	
	Preventive care/screening/ immunization	Same as above	Same as above	
If you have a test	Diagnostic test (x-ray, blood work)	Same as above	Same as above	
	Imaging (CT/PET scans, MRIs)	Same as above	Same as above	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.scibew-neca.org	Generic drugs (Tier 1)	No charge/ prescription retail No charge/ prescription mail order	$5 co-pay/prescription retail	Provider means pharmacy for purposes of this section. Retail: Up to a 30-day supply. Mail-Order: Up to a 100-day supply. Mail Order not covered for Non-Participating Providers. See the website listed or call 1-888-445-5592 for information on drugs covered by your plan. Not all drugs are covered.
	Preferred brand drugs (Tier 2)	$10 co-pay/ prescription retail $20 co-pay/ prescription mail order	$15 co-pay/prescription retail	
	Non-preferred brand drugs (Tier 3)	Not covered	Not covered	
	Specialty drugs (Tier 4)	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not applicable	Not applicable	Not applicable
	Physician/surgeon fees	Same as above	Same as above	Same as above
If you need immediate medical attention	Emergency room care	Same as above	Same as above	Same as above
	Emergency medical transportation	Same as above	Same as above	
	Urgent care	Same as above	Same as above	
If you have a hospital stay	Facility fee (e.g., hospital room)	Same as above	Same as above	Same as above
	Physician/surgeon fees	Same as above	Same as above	Same as above
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Same as above	Same as above	Same as above
	Inpatient services	Same as above	Same as above	
If you are pregnant	Office visits	Same as above	Same as above	Same as above
	Childbirth/delivery professional services	Same as above	Same as above	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	Same as above	Same as above	
If you need help recovering or have other special health needs	Home health care	Same as above	Same as above	Same as above
	Rehabilitation services	Same as above	Same as above	Same as above
	Habilitation services	Same as above	Same as above	
	Skilled nursing care	Same as above	Same as above	Same as above
	Durable medical equipment	Same as above	Same as above	Same as above
	Hospice services	Same as above	Same as above	Same as above
If your child needs dental or eye care	Children's eye exam	Same as above	Same as above	Same as above
	Children's glasses	Same as above	Same as above	Same as above
	Children's dental check-up	Same as above	Same as above	Same as above

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.)

- The Mandatory Generic Prescription Drug Plan can only reimburse you for the prescription based on a limited formula, less a co-payment. Under this Plan, you may be responsible for most of the drug cost, therefore you are encouraged to use the Citizens Rx Walk-In Pharmacy or Mail Service Prescription Drug Plan whenever possible.

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

- The Mandatory Generic Prescription Drug Plan covers the following services and materials:
  - Federal Legend Drugs
  - State Restricted Drugs
  - Federal legend Oral Contraceptives/Birth control pills
  - Contraceptive products
  - Inhaler extender devices and bags
  - Anaphylaxis prevention kits
  - Compounds with at least one federal legend or state restricted ingredient
  - Normal saline inhalation and irrigation
  - Injectables

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: 1-844-739-7956. 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-(877-026-2323 x 61565 or www.cclio.dms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the Plan Administrative office at (800) 824-6935

Does this plan provide Minimum Essential Coverage? Yes.
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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

Language Access Services:
[Spanish (Español): Para obtener asistencia en Español, llame al 1-844-739-7956

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

About these Coverage Examples:

The example is based on a participant enrolled in Kaiser Permanente simply to demonstrate the use of the Mandatory Prescription Drug Plan.

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)

- **The plan's overall deductible** **$0**
- **Specialist copayment** **$5**
- **Hospital (facility) coinsurance** **$0**
- **Other coinsurance** **$0**

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$0
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$100
The total Peg would pay is	**$600****

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

- **The plan's overall deductible** **$0**
- **Specialist copayment** **$5**
- **Hospital (facility) coinsurance** **$0**
- **Other coinsurance** **$0**

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs**
Durable medical equipment *(glucose meter)*

Total Example Cost	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$4,300
The total Joe would pay is	**$4,700****

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

- **The plan's overall deductible** **$0**
- **Specialist copayment** **$5**
- **Hospital (facility) coinsurance** **$0**
- **Other coinsurance** **$0**

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$1,900**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$0
Copayments	$40
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$40****

**** This Mandatory Generic Prescription Drug Plan is designed to meet the cost of prescription drugs prescribed by your doctor, for you or your eligible dependents, for the treatment of illness or injury.**

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