
 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, call 1-866-375-0775 or visit us at [www.helpwithmyplan.com](http://www.helpwithmyplan.com). 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.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-866-375-0775 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Not Applicable	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Not Applicable	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
Will you pay less if you use a <a href="#">network provider</a> ?	Not Applicable	This <a href="#">plan</a> does not use a <a href="#">provider network</a> . You can receive covered services from any <a href="#">provider</a> .
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 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
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Specialist</a> visit	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Preventive care/screening</a> / immunization	\$0	<a href="#">Plan</a> limited to recommended <a href="#">preventive care</a> only. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	Imaging (CT/PET scans, MRIs)	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	HIV Screening	\$0	<a href="#">Plan</a> limited to recommended <a href="#">preventive care</a> only.
	Colorectal Cancer Screening for Adults over 50.	\$0	<a href="#">Plan</a> limited to recommended <a href="#">preventive care</a> only.
<b>If you need contraceptive drugs</b> More information about <a href="#">prescription drug coverage</a> is available by calling 1-866-375-0775	Generic Contraceptive drugs	\$0 Contraceptives only	<a href="#">Plan</a> limited to recommended <a href="#">preventive care</a> only.
	Brand Name Contraceptive drugs	\$50 Contraceptives only	<a href="#">Plan</a> limited to recommended <a href="#">preventive care</a> only.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	Physician/surgeon fees	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Emergency medical transportation</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Urgent care</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	Physician/surgeon fees	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	Inpatient services	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
<b>If you are pregnant</b>	Anemia screening on a routine basis for pregnant women	\$0	<a href="#">Plan</a> limited to recommended <a href="#">preventive care</a> only.
	Childbirth/delivery professional services	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	Childbirth/delivery facility services	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Rehabilitation services</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Habilitation services</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Skilled nursing care</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Durable medical equipment</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.
	<a href="#">Hospice services</a>	Not Covered	Not Covered – <a href="#">Plan</a> limited to <a href="#">preventive care</a> only.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	\$0	Plan limited to recommended <a href="#">preventive care</a> only.
	Children's glasses	Not Covered	Not Covered – Plan limited to <a href="#">preventive care</a> only.
	Children's dental check-up	Not Covered	Not Covered – Plan limited to <a href="#">preventive care</a> only.

**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](#).)**

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|---|---|--|
| <ul style="list-style-type: none"> <li>• preventive health services not meeting the requirements of the Affordable Care Act;</li> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private duty nursing</li> </ul> | <ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine foot care, and</li> <li>• Weight loss programs</li> </ul> |
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**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

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**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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). 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](http://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:

RSL Specialty Products Administration  
Toll-Free - 1-866-375-0775  
Written appeals should be mailed to:  
RSL Specialty Products Administration  
Claims Department  
505 S. Lenola Road, Suite 231  
Moorestown, NJ 08057.

Department of Labor's Employees Benefit Security Administration, Toll Free - 1-866-444-EBSA (3272) or visit [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

Michelle Frost  
417-782-3909  
By mail to:  
3131 Ten Pin Lane  
Joplin, MO 64801

Additionally, a consumer assistance program can help you file your appeal. Contact:

Missouri Department of Insurance  
Harry S Truman State Office Building  
301 W. High St., Room 350  
Jefferson City, MO 65101  
(573) 751-4126  
<http://insurance.mo.gov/consumers/> (website)  
[consumeraffairs@insurance.mo.gov](mailto:consumeraffairs@insurance.mo.gov) (email)

**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 the Minimum Value Standards? No**

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](#).

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

About these Coverage Examples:



**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](#) \$0
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 100%

**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*)

<b>Total Example Cost</b>	<b>\$12,870</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$
<b>The total Peg would pay is</b>	<b>\$12,600</b>

**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](#) \$0
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 100%

**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*)

<b>Total Example Cost</b>	<b>\$7,660</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$
<b>The total Joe would pay is</b>	<b>\$7,050</b>

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

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$0
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 100%

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

<b>Total Example Cost</b>	<b>\$2,020</b>
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In this example, Mia would pay (This condition is not covered so patient pays 100 percent):

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$
<b>The total Mia would pay is</b>	<b>\$2,020</b>