

aetna :

Summary of Benefits and Coverage: What this Plan Covers & What it Costs				Coverage for: Individual + Family Plan Type: EPO		
Copayments Coinsurance your <u>allowed amount</u> <u>deductible</u> <u>amount</u> <u>amount</u>		<u>allowed am</u> <u>coinsurance</u> <u>allowed amount</u> <u>balance billing</u>		<u>provider</u>	<u>allowed</u> <u>allowed</u>	
•		providers	deductibles copayme	nts <u>coinsurance</u>		
Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use an Out_of_Network Provider	Limitations & Exception	s	
If you visit a health care <u>provider's</u> office or clinic						













Coverage Examples

Coverage for: Individual + Family

F	or more information about your cove	rage, or to get a copy of the complete	e terms of coverage, <u>plan</u>	HealthReformPlanSBC.com or by calling 1-
800-370-4526				

		\$500 <u>copay</u> /visit,	\$500 <u>copay</u> /visit,	\$500 <u>copay</u> /visit,	
	Emergency room care	<u>deductible</u> doesn't apply	<u>deductible</u> doesn't apply	<u>deductible</u> doesn't apply	No coverage for non-emergency use.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$50 <u>copay</u> /visit, <u>deductible</u> doesn't apply	\$60 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	No coverage for non-urgent use.
	Facility fee (e.g., hospital room)	10% <u>coinsurance</u> after \$500 <u>copay</u> /stay	30% <u>coinsurance</u> after \$500 <u>copay</u> /stay	Not covered	None
	Physician/surgeon fees	10% coinsurance	30% <u>coinsurance</u>	Not covered	None
	Outpatient services	Office & other outpatient services: \$50 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Office & other outpatient services: \$60 <u>copay</u> /visit, <u>deductible</u> doesn't apply	Not covered	None
	Inpatient services	10% <u>coinsurance</u> after \$500 <u>copay</u> /stay	30% <u>coinsurance</u> after \$500 <u>copay</u> /stay	Not covered	None
	Office visits	No charge	No charge	Not covered	





Note: These numbers assume the patient does not participate in the <u>plan's</u> wellness program. If you participate in the <u>plan's</u> wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-800-370-4526.

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-800-370-4526.

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, yo

Arabic -

1-800-370-4526

Armenian -

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Para obter assistência linguística em português ligue para o 1-800-370-4526 gratuitamente. Portuguese -

Pentru asisten lingvistic în române te telefona i la num rul gratuit 1-800-370-4526 Romanan -

1-800-370-4526.

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Summary of Benefits

Coverage Period:



Questions: Call 1-800-370-4526 or visit us at www.HealthReformPlanSBC.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.HealthReformPlanSBC.com or call 1-800-370-4526 to request a copy.



Coverage Examples

Coverage for: Individual + Family | Plan Type: EPO

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

