

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, www.HealthReformPlanSBC.com or by calling 1-888-982-3862. 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 <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions

Answers

Why This Matters:

What is the overall deductible?

In-Network

All

- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. 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 on how 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:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general number at 1-888-982-3862. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit

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.

- The plan's overall deductible \$250
- Specialist copayment \$50
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

- Specialist office visits (
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (
- Specialist visit

Total Example Cost	\$12,700
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In this example, Peg would pay:

Deductibles*	\$300
Copayments	\$10
Coinsurance	\$0

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

[Assistive Technology](#)

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

[Smartphone or Tablet](#)

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

[Non-Discrimination](#)

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

We provide 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, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462,

TTY: 711

Language Assistance:

To access language services at no cost to you, call 1-888-982-3862.

Albanian - Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862.

Amharic - **1-888-982-3862**

Arabic - 1-888-982-3862 Á Á Á Á Á Á Á Á Á Á Á

- Hawaiian - No ka wala au ana me ka lawelawe lelo e kahea aku i k ia helu kelepona 1-888-982-3862. K ki ole kc"m kc"m mwc"pgk0
- Hindi - ,1-888-982-3862
- Hmong - Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862.
- Igbo - Iji nwetaòhèrè na r gas as s n'efu, kp 1-888-982-3862
- Ilocano - Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862.
- Indonesian - Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862.
- Italian - Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862.
- Japanese - 1-888-982-3862
- Karen - မိမိတို့သည် အခမဲ့ ဝန်ဆောင်ခံယူရန်အတွက် ဖုန်းနံပါတ် ၁-၈၈၈-၉၈၂-၃၈၆၂ ကို ခေါ်ဆိုပါ။ 1-888-982-3862
- Korean - 1-888-982-3862
- Kru-Bassa - M dyi wu u-dù kà kò ò ú á n : 1-888-982-3862
- Kurdish - 1-888-982-3862 Á Á Á Á Á Á Á Á Á Á Á Á Á
- Laotian - , 1-888-982-3862
- Marathi - ,, 1-888-982-3862
- Marshallese - Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-888-982-3862.
- Micronesian - Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862.
- Pohnpeyan - 1-888-982-3862
- Mon-Khmer, Cambodian - 1-888-982-3862
- Navajo - 1-888-982-3862
- Nepali - 1-888-982-3862
- Nilotic-Dinka - Të k r yin w r de thokic ke cìn wëu k r keek tën yin. Ke c l k c ye k c ku ny ne n mba 1-888-982-3862.
- Norwegian - For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862.
- Pennsylvania Dutch - Um Schprooch Services zu griegie mitaus Koscht, ruff 1

Punjabi -