



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.archeshealth.org/Planbrochure.html or by calling 1-877-345-8908.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$1,500 Person/ \$3,000 Family. Doesn't apply to preventive care.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always Jan 1). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$5,000 Person/ \$10,000 Family.	The <u>out-of-pocket limit</u> 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 <u>out-of-pocket limit</u> ?	Premiums, Balance-Billed Charges, Health Care this plan doesn't cover	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> 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 specified covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See www.archeshealth.org for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , 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 <u>provider</u> for some services. Plans use the term network, <u>preferred</u> , or participating for <u>providers</u> in their network. See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> 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 5. See your policy or plan document for additional information about <u>excluded services</u> .

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- **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 Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 After Deductible	Not covered	None
	Specialist visit	\$75 After Deductible	Not covered	None
	Other practitioner office visit	\$25 After Deductible	Not covered	In conjunction with primary care physician.
	Preventive care/screening/immunization	No Charge	Not covered	None
If you have a test	Diagnostic test (x-ray, blood work)	Included In Office Visit	Not covered	None
	Imaging (CT/PET scans, MRIs)	CAT Scans, MRIs, MRAs, and Electron Beam Scans \$350 after deductible	Not covered	Benefits may be denied or reduced without preauthorization. PET Scans, SPECT Scans, and Nuclear Diagnostic Medicine \$1000 after deductible.

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Arches: Secure WELLth Know Your Costs (HSA Qualified)

Coverage Period: 01/01/2014 – 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Single & Family | **Plan Type:** High Ded. HMO

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.archeshealth.org	Preferred Generic drugs	\$10 After Deductible	Not covered	Retail up to 30 day supply.
	Preferred brand drugs	\$35 After Deductible	Not covered	
	Non-preferred brand or generic drugs	\$125 After Deductible	Not covered	Retail up to 30 day supply. Benefits may be denied or reduced without preauthorization.
	Specialty drugs	\$200 After Deductible	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$750 After Deductible	Not covered	Benefits may be denied or reduced without preauthorization.
	Physician/surgeon fees	\$0 After Deductible	Not covered	
If you need immediate medical attention	Emergency room services	\$250 After Deductible		ER co-payment waived if admitted to hospital. Hospital benefits apply.
	Emergency medical transportation	Ground: \$100 After Deductible. Air: \$500 After Deductible.		
	Urgent care	\$60 After Deductible		
If you have a hospital stay	Facility fee (e.g., hospital room)	\$900 Per Day After Deductible	Not covered	Benefits may be denied or reduced without preauthorization. \$2,700 maximum co-pays per admission.
	Physician/surgeon fee	\$0 After Deductible	Not covered	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$60 After Deductible	Not covered	Benefits may be denied or reduced without preauthorization. Inpatient: \$2,700 maximum co-pays per admission.
	Mental/Behavioral health inpatient services	\$900 Per Day After Deductible.	Not covered	
	Substance use disorder outpatient services	\$60 After Deductible	Not covered	
	Substance use disorder inpatient services	\$900 Per Day After Deductible.	Not covered	
If you are pregnant	Prenatal and postnatal care	No Charge	Not covered	None

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	Delivery and all inpatient services	\$750 Physician Fee After Deductible	Not covered	Inpatient facility fee applies
If you need help recovering or have other special health needs	Home health care	\$60 After Deductible	Not covered	Benefits may be denied or reduced without preauthorization. Up to 30 days per year.
	Rehabilitation services	\$60 After Deductible	Not covered	Limited to 20 combined visits of habilitation and rehabilitation services per year.
	Habilitation services	\$60 After Deductible	Not covered	
	Skilled nursing care	\$150 Per Day After Deductible.	Not covered	Skilled nursing facility benefits may be denied or reduced without preauthorization. Limited to 30 days per year.
	Durable medical equipment	30% After Deductible	Not covered	Benefits may be denied or reduced without preauthorization. Arches covers rental, repair or purchase of durable medical equipment, new or used, at our option. Replacement of prosthetic devices and corrective appliances are only allowed when the existing device has become inoperable due to normal wear and tear or a substantive change in the members physical condition. Quantitative limits apply.
	Hospice service	\$75 After Deductible	Not covered	Benefits may be denied or reduced without preauthorization. Limited to 6 months per 3 years
If your child needs dental or eye care	Eye exam	No Charge	Not covered	Limited to one time per year.
	Glasses	0% After Deductible	Not covered	Limited to one item per year.

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Dental check-up	Not Covered	Not covered	

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 <u>excluded services</u> .)		
• Acupuncture	• Bariatric Surgery	• Cosmetic Surgery
• Dental Care (Adult)	• Hearing Aids	• Infertility Treatment
• Long-term care	• Non-emergency care while traveling outside the U.S.	• Private-duty nursing
• Routine eye care (Adult)	• Routine foot care	• Weight loss programs

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.)
• Chiropractic Care; subject to coinsurance after deductible. (Preauthorization required after initial consultation. Limit of 10 visits per year.)

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at www.archeshealth.org or 1-855-269-2764. You may also contact the Utah State insurance department at 801-538-3890 (Salt Lake City area), or 1-800-439-3805 (within the State of Utah), or <https://insurance.utah.gov/>.

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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 1-855-488-0620. You may also contact the Utah State Insurance Department at 801-538-3890 (Salt Lake City area), or 1-800-439-3805 (within the State of Utah), or <http://insurance.utah.gov/>.

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:

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-345-8908.

All other languages call 1-877-345-8908.

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

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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** \$4,210
- **Patient pays** \$3,330

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	\$1,500
Copays	\$1,680
Coinsurance	\$0
Limits or exclusions	\$150
Total	\$3,330

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

- **Amount owed to providers:** \$5,400
- **Plan pays** \$3,060
- **Patient pays** \$2,340

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	\$1,500
Copays	\$460
Coinsurance	\$300
Limits or exclusions	\$80
Total	\$2,340

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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.

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