



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.meritusaz.com or by calling 1-855-755-2700.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$400 per person/ \$800 per family. Doesn't apply to preventive care, pediatric dental, acupuncture, massage therapy, naturopathy.	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, January 1st). 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 deductibles 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?	\$400 per person/ \$800 per 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, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
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 <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network</u> of <u>providers</u> ?	Yes. See www.meritusaz.com or call 1-855-755-2700.	If you use an in-network doctor or other health care provider , 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 provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the specialist 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 4. See your policy or plan document for additional information about <u>excluded services</u> .

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Meritus Mutual Health Partners: Meritus Secure Silver – CSR94 Coverage Period: 01/01/2104-12/31/2014
Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individuals & Families | Plan Type: PPO



- **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 an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% after deductible	0% after deductible	After deductible
	Specialist visit	0% after deductible	0% after deductible	After deductible
	Other practitioner office visit	0% after deductible	0% after deductible	After deductible
	Preventive care/screening/immunization	\$0 copay	\$0 copay	None
If you have a test	Diagnostic test (x-ray, blood work)	0% after deductible	0% after deductible	After deductible
	Imaging (CT/PET scans, MRIs)	0% after deductible	0% after deductible	After deductible

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network 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.meritusaz.com	Generic drugs, maintenance Generic drugs, non-maintenance	No Charge retail 30-day supply and mail order 90-day supply	Not covered	After deductible
	Preferred brand drugs	No Charge retail 30-day supply and mail order 90-day supply	Not covered	After deductible
	Non-preferred brand drugs	No Charge retail 30-day supply and mail order 90-day supply	Not covered	After deductible
	Specialty drugs	No Charge retail 30-day supply and mail order 90-day supply	Not covered	After deductible
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% after deductible	0% after deductible	After deductible
	Physician/surgeon fees	0% after deductible	0% after deductible	After deductible
If you need immediate medical attention	Emergency room services	0% after deductible	0% after deductible	If not admitted, after deductible
	Emergency medical transportation	0% after deductible	0% after deductible	After deductible
	Urgent care	0% after deductible	0% after deductible	After deductible
If you have a hospital stay	Facility fee (e.g., hospital room)	0% after deductible	0% after deductible	After deductible
	Physician/surgeon fee	0% after deductible	0% after deductible	After deductible
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0% after deductible	0% after deductible	After deductible
	Mental/Behavioral health inpatient services	0% after deductible	0% after deductible	After deductible
	Substance use disorder outpatient services	0% after deductible	0% after deductible	After deductible
	Substance use disorder inpatient services	0% after deductible	0% after deductible	After deductible
If you are pregnant	Prenatal and postnatal care	0% after deductible	0% after deductible	After deductible

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Delivery and all inpatient services	0% after deductible	0% after deductible	After deductible
If you need help recovering or have other special health needs	Home health care	0% after deductible	0% after deductible	After deductible, limited to 42 visits per year
	Rehabilitation services	0% after deductible	0% after deductible	After deductible, limited to 60 visits per year
	Habilitation services	0% after deductible	0% after deductible	After deductible
	Skilled nursing care	0% after deductible	0% after deductible	After deductible, limited to 90 days per year
	Durable medical equipment	0% after deductible	0% after deductible	After deductible
	Hospice service	0% after deductible	0% after deductible	After deductible
If your child needs dental or eye care	Eye exam	0% after deductible	0% after deductible	After deductible, 1 visit per year
	Glasses	0% after deductible	0% after deductible	After deductible, 1 per year
	Dental check-up	0% coinsurance	0% coinsurance	1 visit every six months

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 excluded services.)

- Cosmetic surgery
- Infertility treatment
- Long-term care
- Non-emergency care when travelling outside of the U.S.
- Private duty nursing
- 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.)

- Bariatric surgery
- Routine eye care (adult)

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- Dental care (adult)
- Routine foot care
- Hearing aids

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
- We stop offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact us at 1-855-755-2700. You may also contact the Arizona Department of Insurance at (602) 364-2499 in Phoenix or (800) 325-2548 outside of Phoenix or consumers@azinsurance.gov.

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 Customer Care at 1-855-755-2700. You may also contact the Arizona Department of Insurance at (602) 364-2499 in Phoenix or (800) 325-2548 outside of Phoenix or consumers@azinsurance.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Arizona Department of Insurance at (602) 364-2499 in Phoenix or (800) 325-2548 outside of Phoenix or consumers@azinsurance.gov.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-755-2700.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' 1-855-755-2700.

—————*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:** Data not available
- **Plan pays:** Data not available
- **Patient pays:** Data not available

Sample care costs: Data not available

Hospital charges (mother)	
Routine obstetric care	
Hospital charges (baby)	
Anesthesia	
Laboratory tests	
Prescriptions	
Radiology	
Vaccines, other preventive	
Total	

Patient pays: Data not available

Deductibles	
Copays	
Coinsurance	
Limits or exclusions	
Total	

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

- **Amount owed to providers:** Data not available
- **Plan pays:** Data not available
- **Patient pays:** Data not available

Sample care costs: Data not available

Prescriptions	
Medical Equipment and Supplies	
Office Visits and Procedures	
Education	
Laboratory tests	
Vaccines, other preventive	
Total	

Patient pays: Data not available

Deductibles	
Copays	
Coinsurance	
Limits or exclusions	
Total	

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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